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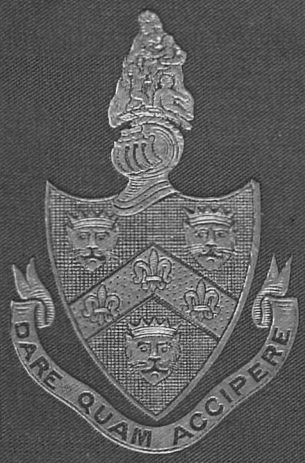

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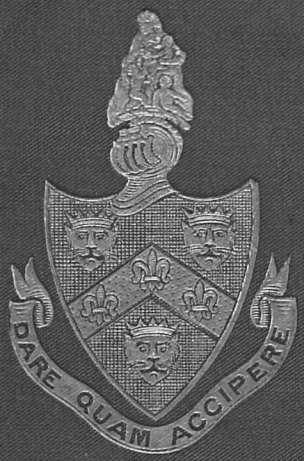

Guy's Hospital Gazette.

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Yours very truly
Frederick Taylor.

GUY'S HOSPITAL GAZETTE.

VOL. XXI.

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GUY'S HOSPITAL GAZETTE.

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Passim.

LOOKING back upon the Christmas festivities, after the lapse of a fortnight's time for reflection, one can venture to say, without much fear of contradiction, that there rarely has been a Christmasing at Guy's which has passed off so well and left behind it such pleasant memories as this most recent one. It has been a successful Christmas in every sense of the word, and the major credit for making it so belongs to the many who offered their services freely and helped valiantly in ward and theatre towards such success. Where so many figured prominently, from the clerks decorating the wards to the residents displaying their talents at the theatricals, it would be invidious to single out any one for special mention, but even under such circumstances no one will grudge a word of hearty thanks to Mr. Ray Edridge, whose efforts on behalf of patients and the hospital generally have been truly heroic. Mr. Edridge was stage manager at the theatricals and impresario at the concert in the Eye wards—posts which demanded a great deal of time, energy, and last, but not least, the exercise of a degree of self-denial of which only those who remember his vigorous impersonation of Hentchel in "The Intimate Stranger," can form a correct appreciation.

PRE-EMINENT among the events of Christmas week stands the donation of Mr., Mrs. and Miss Seymour Hicks of a bed and a cot to the hospital. In offering this mark of his appreciation of the work which this hospital has done, Mr. Hicks referred to the fact that more than fifty people connected with his profession have been attended to at Guy's. We, on our part, can point to an even longer list of actors who have helped us. Mr. Hicks himself has always been ready to place his services at our disposal, and his brother and sister fellow-actors have been equally willing. To them the entertainment so freely and spontaneously given may, perhaps, pertain to the category of "rubbishy things." To us and to those who attend their performances it is evidence of the truth of the saying that there is no profession more generous in spirit and act, or more ready to help in the cause of charity, than that to which Mr. Seymour Hicks belongs.

THE Residents' Annual Dance will be given this year in the Grand Hall of the Cannon Street Hotel, on Tuesday, January 29th. This is a departure from the ordinary custom of holding it in the Court Room, and we are sure that in

creating so decided a precedent the Residents will meet with the success they deserve. It is certainly true that the associations that cling round the Hospital Court Room were very potent factors in helping to make the dance in past years the success that it always was, and we certainly must lament the loss of the homely surroundings which Lady Perry from year to year so kindly provided by throwing open her house. The chief reason for this change, however, lies in the fact that the Court Room, with all its obvious advantages, offered very little opportunity for the dance ever to be a truly representative hospital gathering, and by holding it this year at the Cannon Street Hotel it will be possible for men of all years to be present, and also for old Guy's men to have yet another opportunity for reunion, which grateful event is at present in the main associated only with the dinner table. There is no reason why this dance should not assume the ample proportions of a hospital dance in every sense of the word, and we sincerely hope that this first attempt at such a function will receive the well-merited support of both past and present Guy's men and their friends.

WE hope that present men will support the dance by every means in their power, not only by taking tickets for themselves, but also by bringing with them parties of their friends. Equally do we hope that very many old Guy's men will be present. It is unfortunate that the notice given is comparatively short, but the advance booking of the hall made it necessary to select this date, if, as was most desirable, the dance were to take place before, and not after, Lent.

APPLICATION for tickets should be made to Mr. E. M. Harrison, President of the Residents, Mr. E. B. Smith, Vice-President, or to any of the Residents. The price of these tickets is 10s. 6d. for gentlemen, and 7s. 6d. for ladies.

IN accordance with annual custom the House Committee forwards its usual tables showing the total number of patients sent to Convalescent Homes connected with the Hospital, and the amounts found in the various ward collecting boxes during the past year. These statistics are of some interest, if only to compare with results in former years. Thus we find that during 1905, 703 patients were sent from this Hospital to convalescent homes; last year 813 patients were so benefited. In 1905 Victoria ward headed the list with 76 cases, while Isolation and the Surgery came lowest with 1 and 3 cases respectively; last year Clinical was easily first with 80 cases, the lesser lights being rIsolation and Eye wards with 1 and 9 cases espectively. Of the various homes Swanley received the most patients, 293 cases going there; Broadstairs got 138, and Ascot Priory Home 128 cases.

TURNING to the contributions from the ward collecting boxes—always an interesting list - it is regrettable to find that there has been a slight falling off in nearly all the boxes. The sum total in 1905 was £532 6s. 4d.; last year it was only £470 17s. 11d., this sum including special donations. Out-patients contributed £117 14s. 1d. as against £141 odd in 1905; the Porter's Lodge box £28 18s. 3d. as against £24 10s. 6d.; the Light department £39 odd as against £19 odd in 1905. The amounts from the ward collecting boxes varied from 13s. 9d. (Victoria) to £45 odd (Queen), the average being about £3 for each ward for the year, a sum which the robbers in Gil Blas would have termed "hopeful."

MR. E. P. MINETT, than whom no one has done more for the practical development of the Pavy Gymnasium, is showing that he has the interests of the gymnasium so much at heart that even in his retirement he is working as strenuously on its behalf as when he was its active secretary. Mainly through his efforts the gymnasium committee has succeeded in organising what is, perhaps, the biggest venture that has yet been attempted since the classes were started. This is a combined grand display, which will take place on Friday evening, the 18th inst., in the Physiological Theatre at 8 o'clock. Both Dr. Pavy and Mr. Higgens are expected to be present, and the evening will be a Ladies' night as well.

THE programme, which is summarised on the large placards to be seen prominently displayed about the Hospital and College buildings, has been made most attractive. There will be a sword display by the uniformed N.C.O. of the Royal Horse Guards, 2nd Life Guards, and C.T.Y., and a large number of exponents of the pugilistic art have promised their support. Bouts of exhibition boxing have been arranged in which Messrs. Mann, Warnes, Hoare, Webb, and others will take a share. Corporal-Major Eggleton, R.H.G., and Corporal-Major Elliott, 2nd Life Guards, will give a display of swordsmanship, their feats including sheep and lemon cutting; the Handcuff King will show his ability, and our old friend, Sergeant Gilbert, will give one of his excellent Indian Club solos. Tickets, price 5s., 2s. 6d., and 1s. each, may be obtained from any of the committee members, or from the barman in the smoking-room. The proceeds will be given to the funds of the Convalescent and Children's Homes at Honor Oak Park. The Steward, who has always taken an active interest in the work of the Gymnasium, has repeated his offer to provide the participants in the various displays with refreshments, and is also providing the necessary lemons and the indispensable sheep for the exhibitions in swordsmanship.

ON Saturday evening next, January 19th, the Debating Society will meet in the Smoking-room, at 8 o'clock, to discuss the important subject of pauperism. Mr. Ryffel, fresh from those interesting problems of economics which the extern has to contemplate in the Dockhead and neighbouring regions, "will endeavour to infect the audience with his alarm at the continued attempts on the part of the State to pauperise the lower classes." So at least, says the blue fixture card, but we have learned that it is not wise to put too much reliance on its statements, and there is just a possibility that someone else may do the jeremiad in Mr. Ryffel's stead. Mr. A. S. Morton Palmer, we are glad to notice, will apparently contend that there is no necessity for alarm. The debate, seeing that the subject is one of the most important and practical which has come before the society for some time, ought to be more than above the average in interest.

WE hear that the German class for medical men and students, which Herr A. G. Haltenhoff started at the Hospital last year, has been very successful and will be resumed early in January.

THE prominent position of Guy's as a School of Medicine in the University of London is again well illustrated by an analysis of the returns of the recent M.B., B.S. Examination. In the whole list, pass and honours, there are 38 successful internal male candidates; 14 of these came from Guy's; the remaining 24 are divided amongst 8 of the other internal male schools. Excluding Guy's, and including 2 schools which this year sent no successful candidate, the average successes of male schools is 2·4 as compared with Guy's 14. The male school which comes nearest to Guy's provided 6 successful candidates, but their calibre, as far as it could be judged by examination tests, is distinctly below their more fortunate competitors, for none of these 6 is found in the honours list, while of Guy's 14, 4 secured honours, one being bracketed equal for the University medal. There were only 6 honours places obtained by internal male students of which, Guy's therefore secured two-thirds. It is no doubt a source of gratification to the teachers and students at Guy's that they take so large a share in the work of the University. At the same time, a consideration of the results as a whole must lead to a feeling that the share in higher medical education in the country borne by the University of London is altogether disproportionate to the size and importance of this great city and to the work and prestige attaching to its ancient schools of medicine. We are constrained to ask whether the time has not come for the great Metropolitan Hospitals to co-operate in forming a real Faculty of Medicine worthy of the University of the greatest city of the world instead of each relying on its past traditions, however individual and however glorious.

ALL those who at Christmas time purchased the excellently printed and got up "greeting

cards" kindly provided by Messrs. Ash & Co., Ltd., at absolutely cost price, will be glad to hear that even from the comparatively small sales which were made—small because so few of us knew of the good things that Mr. Mills was selling in the Wills Library—a profit of over £8 was procured for the general funds of the Hospital. Perhaps in future years a larger number of our friends will bear in mind that these cards can be obtained at the Hospital, and that besides saving themselves the trouble of having special cards of their own printed—a task to most of us irksome enough—they will be augmenting the funds of the Hospital by patronising the Librarian's stock.

THE third clinical meeting of the Pupils' Physical Society will be held to-night at 8 o'clock in the Wills Library. Mr. C. H. Rippmann will be in the chair, and as usual specimens of clinical interest will be exhibited.

Appointments.

Civil.

FINCH, ALEXANDER H., L.R.C.P. Lond., M.R.C.S., has been appointed Public Vaccinator for the First District by the Shepton Mallet (Somerset) Board of Guardians.

FORTY, A. ALAN, L.D.S. Eng., has been appointed Honorary Assistant Dental Surgeon to the Leeds Public Dispensary.

KIRKBY, R. CASEMENT, M.R.C.S., L.R.C.P. Lond., has been appointed Assistant Medical Officer of the Wandsworth Union Workhouse.

RICHARDS, OWEN, M.Ch., F.R.C.S., to be Honorary Surgeon to the Anglo-American Hospital, Cairo.

SHARP, HUGH C., B.A., M.B., B.C. Cantab., has been appointed Medical Officer of Health of Truro (Cornwall).

SMITH, T. MORLAND, M.R.C.S., L.R.C.P. Lond., has been appointed Medical Officer to the Post Office for the Northern District of Bournemouth.

WELLS, S. M., has been appointed Extern Maternity Assistant at the Rotunda Hospital, Dublin.

WRENCH, G. T., has been appointed Assistant Master at the Rotunda Hospital, Dublin.

Naval.

Surgeon GERALD NUNN, R.N., has been appointed to the Barham.

The Hicks Bed and Cot.

MR. SEYMOUR HICKS, at the close of the Concert in the Physiological Theatre, said :—

"I have one or two things to say. I am a very poor speaker, but Mr. Golding-Bird has been thanking us and I want just to turn round and thank you very, very sincerely for allowing us to come here this afternoon. We are very grateful to you, and have a great debt of gratitude to pay to Guy's. For the last five or six years some of the poorest people connected with ourselves have been ill, and coming here have been taken straight in, and operated on by your wonderful gentlemen. I mean it really, sincerely. There are about fifty people, working people, who owe their lives to you. If at any time there is any rubbishy thing we can do for you, we will come like a shot, if you want us. We were a bit late this afternoon. My wife was missing. We found she had gone to Charity and Luke wards. She was entranced, and we could not get her away. She asked me to do something. We are not millionaires. We cannot endow a bed, but I want to know if you would allow her to support a bed for ten years in the hospital, and if we can scrape together enough money to endow the bed, we will then endow it. (Three cheers for Mr. and Mrs. Seymour Hicks.) I am very fond of my wife, but I have another I am very fond of—my baby—and she is going to endow a cot next to it and call it the "Betty Hicks Cot." (Three cheers for Miss Betty Hicks.) I want you to forgive me for the very poor way in which I have spoken. I have to thank Mr. Golding-Bird and my very old and dear friend, Sir Alfred Fripp, whom we, outside the hospital, love almost as much as you do." ("For he's a jolly good fellow.")

MR. GOLDING-BIRD, in a few appropriate words, expressed our heartfelt thanks for the noble and generous gift.

Christmas Week.

The Residents' Theatricals.

The Residents' Theatricals were held on December 26th, 27th and 29th, not, as in former years, in the Court Room, but in the large Physiological Theatre. Probably the change was for the better. In the Court Room the level of the stage was too high, so that the feet of the actors were apt to appear unduly prominent as they strutted in a world composed of the legs of tables and chairs and the under sides of sofas. Again, if, as on the face of it seemed not improbable, fire were to descend from heaven and miserably consume those wicked scoffers, holding great men up to ridicule, there would have been considerable danger of the innocent being involved with the guilty in a room the one entrance to which was more than half blocked up by the stage. In the Physiological Theatre the audience was at any rate safe, and although on each night there was a full house, there was probably no one present who could not both hear and see. The Residents were also wise in restricting their programme to two plays, while in the interval between them a concert of unusual excellence was presented on each night. In this way the intervals, which in previous years had been long and frequent, were reduced to a minimum. The stage management was in the hands of Mr. Ray Edridge, and to his untiring efforts the success of the Theatricals was very largely due. Refusing to act, he devoted himself entirely to getting the best out of other people.

The first piece presented was the Farce, "That Brute, Simmons," by Arthur Morrison and Herbert C. Sargent. Although the dialogue of the play is good and at times actively amusing, the plot is so obvious and on such well-worn lines—the seafaring husband and the bigamous wife—that it is possible that it might not have achieved success if it had not been for a quite remarkable performance by Mr. C. H. Rippmann. In the part of Thomas Simmons he showed rich and restrained humour. His walk, accent and gestures were all unexpected and original, yet in keeping and sustained. He was well supported by Mr. G. W. Dryland as the tempestuous wife. Mr. Dryland had the hardest task of the three—to play a woman convincingly and free of all suggestion of the Mrs. Sinbads and Mrs. Crusoes of pantomime. Although he was hardly helped by his make-up, Mr. Dryland succeeded admirably. Mr. Reeve, in a smaller and rather obvious part, acted easily and convincingly.

Following the concert came the piece of the evening—an original farce by Ray Edridge, H. O. Brookhouse & Co., "The Spoils of Victory." The following was the caste:—

MORTALS.

William Winkle (of Sparrick's Row) ...	G. W. Dryland.
1st House Physician and President of the Residents	H. Knight.
2nd House Physician	E. Bellingham Smith.
3rd House Physician	G. H. K. Macalister.
A House Surgeon	L. G. Davies.
The R.M.O.B. (by kind permission of Mr. Sephton Cooper)	A. C. Dickson.
A Patient	C. H. Rippmann.
A Staff Nurse	G. Wacher.
Pro. 1 (The Public Prosecutrix) ...	G. Hamilton.
Pro. 2	H. O. Brookhouse.
Pro. 3	E. M. Harrison.
Pro. 4	A. V. Maybury.
Sister Camille	H. Chapple.

IMMORTAL.

An Old Foe	L. T. Baker.

It is the tale of the great Suffragette war—how the nurses advance upon the college from before backwards, from above downwards, and from side to side, surround it, assault it and sack it, carrying off captive the miserable Residents.

It is five minutes now by the clock
Since the noise that you heard in the distance,
When the College we took and the Hostel forsook
Its old man-governed state of existence,
And the nurses who polished and sewed,
Tho' such work subjugation complete meant,
Will to-morrow be Lords of the Hospital Wards
And devise all the details of treatment.

The unhappy dethroned President of the Residents is tried, convicted, and condemned to suffer untold indignities, from which he is only saved by the timely arrival of Cupid, who, with a few arrows deftly planted, restores the old order of things and the undying supremacy of man.

At the head of a host of Amazons marched Sister Camille, in the person of Mr. H. Chapple, a Homeric figure; amongst a nameless crowd she alone made history—Hector among the Trojans, Achilles to the Greeks. While all the other Amazonian warriors held their peace—they didn't mind holding their peace, because they had invented a new game, who could take the longest strides in petticoats—Sister Camille laughed, talked, danced and sang, especially sang. It was interesting to hear her sing—she sang twice—because each song had a great many verses, and in each verse she made fun of the perfectly harmless peculiarities of prominent hospital persons, and the prominent persons didn't like it, but their wives did, and all the other prominent persons liked it, except the bit about themselves, so that although with each verse poor Sister Camille made an enemy for life, with each verse, too, she made troops of friends. We congratulate Mr. Chapple. His complete success was all the more remarkable because we believe he had never before attempted anything of the same sort.

Next to Mr. Chapple the success of the play was due to Mr. Dryland, as William Winkle, of Sparrick's Row, a patient, who, in the necessary confusion of this war of sex, appropriated the office of Porter. Between them Mr. Dryland and Mr. Chapple were responsible for most of the fun of the evening.

We do not know in what proportion to assign our praise for the merits of the book. It was almost bewilderingly clever. The audience was afraid to permit itself the luxury of a laugh for fear of missing something good. The songs, which were set to most catching airs by Mr. Stanley Hazell, were entirely the work of Mr. Brookhouse. They have already obtained so great a circulation that we can hardly do further damage by quoting a few verses :—

I'd a sort of a vision last night
Of a Surgeon who whispered across to me,
With a sterilised trowel, I'll short-circuit the bowel
As an œsophago-sigmoidostomy.
And the deftness of David Devant
Shall be joined to the wisdom of Solon,
And e'er older I grow, the intestine shall go,
And the stomach elope with the colon.

For the moment is coming, no doubt,
When it won't be a surgical crime,
So our Willie still thrives, and he sharpens his knives,
And he anxiously waits for the time.

Of the Lions the scalpel who wield,
We've a social and surgical Leo,
And we think that the King did a very wise thing
When he made him a new K.C.V.O.
He will promise to turn up at three,
And at five or half-past he will greet you,
He's forgotten your name, but he smiles all the same,
For he's simply delighted to meet you.

And in years still to come, I'll be bound,
He'll be full in the light of the lime,
And will play a great part, as Sir Alfred Fripp, Bart.,
And we anxiously wait for the time.

Now, Physicians have much to find out,
With research one is having a rare brush,
And they say he's as smart at percussing a heart
As he certainly is with a hair brush.
He is breezy, and fluent, and keen,
Though his methods are somewhat erratic,
Still, it's quite on the card, that our noble Beddard
May prove that it *is* pancreatic.

And the moment is coming, we hope,
When he's done with secretin and chyme,
And will cure the disease known as diabetes,
And we anxiously wait for the time.

In smaller parts much unsuspected talent was forthcoming. Mr. Knight, the dethroned President, was strongly reminiscent of Mr. Tree as Richard II., and we could hardly believe that this pretty little Cupid was the Mr. L. T. Baker of the ordinary work-a-day world. Mr. Dickson filled the part of the R.M.O.B. admirably, and the House-Physicians and House-Surgeon were all good. Mr. Bellingham Smith and Mr. Davies were, perhaps, inclined to idealise themselves a little, but Mr. Macalister was content to remain simply himself Finally the troupe of performing probationers was much admired. Each knew her own place on the stage, and did not presume to depart from it.

On each night an excellent concert filled the interval between "That Brute Simmons" and "The Spoils of Victory." Miss Ethel Brigstock, A.R.C.M , was at the piano every evening. Her solos were delightfully rendered, while with her as an accompanist the various singers were certainly in clover. The following ladies and gentlemen performed :—Miss M. Dyer, Sister Cornelius, Miss Overton, Miss Quihampton, Miss Dora Sutton, Miss Hilda Reid ; Mr. Harold Chapple, Mr. Endean, Mr. H. Lloyd Jones, Mr. Philip Watt, Mr. Stanley Hazell and Mr. Ray Edridge.

Ruth and Barnabus Concert.

The Eye Ward Concert this year was a very successful one. Here there was a departure from the ordinary rule, for refreshments were served before the concert commenced, and one had a chance of admiring the very tasteful decoration of the old operating theatre. It was impossible to believe that men had been responsible for the colour scheme and for the arrangement of those decorations, and yet we had it on the very best authority —it really was most beautifully done, and reflected the greatest credit on those concerned. Mr. Corbett Smith opened the concert with a pianoforte solo, and was a veritable tower of strength throughout, playing, singing and reciting with the utmost vigour and success. His services this year in several wards were very welcome, and he gave them ungrudgingly to the most appreciative audiences. He also brought with him Miss Kelham and Miss Avice Kelham, whose songs were delightful and received very well-merited encores. Messrs. Reeve, Chapple, Hamilton and Davies sang a humorous quartette, and then Miss Tomlin recited. Her recitations were excellent, one short encore which she gave, concerning the advent of spring and which entailed constant and violent sneezing, being especially funny. Mr. Philip Watt gave a cello solo, and Miss Beatrice Overton sang most charmingly. One wished, for all the singers' sakes, that the piano could have been adequate to the occasion, but alas ! there was a shortage of good pianos, and Eyes suffered thereby in having to use their ordinary (shall we say work-a-day ?) instrument. Mr. B. H. Palmer sang in his usual robust manner. Mr. Ray Edridge recited. The concert, perhaps, was a trifle short, but that is a fault on the right side, and certainly it never dragged for a moment. During the evening the Hungro-Urticarian band made weird noises, by kind permission of the Colonel, and Mr. L. T. Baker received his seventh proposal from a cataract patient of some seventy summers.

On the afternoon of Bank Holiday, Miss Maynard Walker and Miss Wynne Hulm very kindly came down to the Eye Wards and sang to the patients.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

The General Medical Council Election.

SIR,—I shall be obliged if you will allow me to thank those Guy's men who responded to an appeal I made in the GAZETTE a short time ago for their support at the recent election of Direct Representatives on the General Medical Council—a support which I have no doubt was of material help to me in my successful issue from the fight.

At the same time I desire to thank you for your insertion of that appeal, and for the kindly attention you drew to it by your remarks in "Passim."—I am, Sir, yours very truly,

202, St. Helen's Road, Swansea, H. A. LATIMER.
December 15th, 1906.

A Note on Vaccination.

DEAR SIR,—The following copy of a letter I received this morning may interest you. It appears to go one further than Mr. Lupton in the estimated effect of vaccination,—Yours truly,

Market Weighton, E. Yorks, R. H. ASHWIN.
9th December, 1906.

MR. DR. A.—

Will you come and vaccination baby next week as I do not want her to get any older.

Yours struely,
MRS. F. M.

Guy and Christ's Hospital.

SIR,—In Thomas Guy's Will, at page 25, I find as follows:—"Item, I give to the President and Governors of Christ's Hospital, in London, and their successors for ever, one annuity, or yearly sum of four hundred pounds, to be paid by my said Executors till such intended Corporation shall be obtained and take effect; and then by such intended Corporation or their Treasurer for the time being: provided nevertheless, and upon this condition, that my said Executors, and such intended Corporation and their successors, shall have liberty, from time to time, to nominate and put into Christ's Hospital aforesaid, yearly, and every year for ever, at Easter, or within six months after, such four poor children, boys or girls, whether orphans or otherwise, or the children of Freemen of the City of London, or unfreemen, not less than seven or more than ten years of age, as my said Executors, or the said intended Corporation and their successors, shall think fit, with preference to my relations, as often as any such shall present themselves; who shall be received into the said Hospital, and have the maintenance and education thereof, and be continued therein in like manner as other children are maintained and educated in the said Hospital. And my will is, that in case, and as often as the said President and Governors of Christ Church Hospital, shall neglect or refuse to take in and maintain the said number of boys and girls to them nominated and qualified as aforesaid, it shall be lawful to my said Executors, and the said intended Corporation, and they are hereby directed and desired to apply the said annual sum of four hundred pounds to the education and maintenance of such four poor children as aforesaid, in such other school or place, and in such other manner as they shall think fit."

Thomas Guy was a far-seeing man, and he knew quite well that in a large Institution like our Hospital some of those connected with it, would die leaving children poorly provided for, and so here we find him making generous and wise provision for such cases.

I want to know when effect last was given to this direction in Guy's Will; and if the privilege has been allowed to fall into abeyance, whether it cannot be restored.

I am sorry to ask you to publish so long a letter, but I found I could not condense the passage from the Will, and the matter seems to me to be of importance.—Yours faithfully, J. H. GIBSON.

The White House, Lansdowne Road, Aldershot.
December 30th, 1906.

Novelties.

Wellcome's Photographic Exposure Record and Diary.

This neat little booklet, in addition to giving a full list of all the "Tabloid" and "Soloid" photographic preparations, with particulars for their use, contains much information and numerous useful hints on almost every subject connected with photography, such as intensification, gaslight printing, permits for photographing public buildings at home and abroad, etc. The exposure calculator is as simple as anything of its kind, and concisely arranged are tables of light speeds, plate values, etc., from which the necessary data for using the exposure calculator are easily obtained. It is in short a perfect *vade mecum* for those who indulge in photography.

Each copy is accompanied by a folding card, for hanging up, giving useful information regarding the timing of development by the factorial method for various degrees of contrast, particulars of equivalent plate speed numbers according to the different systems in use, etc.

Two editions are issued as usual, one for the Northern Hemisphere and one for the Tropics and Southern Hemisphere. The familiar art green canvas binding has been retained, and the price is still 1s.

The Song of the Suffragette Sister.

BY H. O. BROOKHOUSE.

(As sung by Mr. Harold Chapple in "The Spoils of Victory.")

Let the sex be the theme of my puny verse,
For I'm sure that we all must believe,
In the earliest days of the universe
That Adam was guided by Eve;
And although things since then may have altered,
And man may usurp and annex,
Our faith in ourselves has not faltered—
We're still the superior sex.
For it's women who've made history since Sheba's royal head,
Semiramis and Boadicea, Queen Anne, who now is dead,
And so to-day Miss Pankhurst may be leaguer Number Ten,
And *ask-with* frenzy for the franchise exercised by men.

'Twas a glorious day in the history
Of the hospital founded by Guy,
When the men lost the care of the bistoury
And the nurse gave the Mist. Acidi.
The nurse with the strings to-day dresses,
An honour that's eagerly sought;
We sisters are house-surgeonesses,
Probationers write the report.
For it's women, women, women, and the Matron's word is law,
We wire the empyema and foment the fractured jaw.
At first, of course, it's awkward, there are errors now and then,
And our efforts rather differ from the methods of the men.

For one thing that bids us defiance is
The method of using the shoals
Of quaint instrumental appliances
We found in the cupboard of Coles.
We seize on some tool by a long shot,
And think we've discovered a gem,
But we find that it must be a wrong shot
When the case goes to Sister P.M.
So we cystoscope the larynx, which is rather hot for us,
Trephine the palmar abscess to evacuate the pus.
We don't use antiseptics, or our hands get rough and red,
That's how we shine as Surgeons now the men, poor men, are fled.

Our resources could scarcely be skinnier,
Than the mind of a man who'd maintain
Diagnoses like cephalodynia
When he can't find the cause of the pain.
When a nurse took his place we were sorry,
But obeying our Suffragette law,
He was carted away on a *lorry*,
'Twas a *doctor's dilemma* for *Shaw*.
So we nurses run the outers and we're very good at them,
We spell accommodation with the usual single "m."
If folks are worse we tell them how much better they appear,
And write "P.O. three-sixty-five—please come again next year!"

There is scarcely a subject unrulier
Than Pharmacy, whence we may seize
On the modes of prescribing peculiar
Concoctions to combat disease.
For each of our staff, though she hale is,
We think it but right to prepare
A draught which contains digitalis,
To strengthen her *systole* care!
And we give C_2H_6O, what it is we cannot tell,
In half-pint doses t.d.s. and the patients take it well,
For every skin disease Unguentum Zambuk we apply,
And the Matron's day is Tuesday, now Sir Cooper's day's gone by.

I should scarcely be guilty of perjury
If I mention with pain and regret,
Things were awkward sometimes in the Surgery
Till we tumbled to front etiquette.
The policemen there seemed to be anchored,
In spite of all hints they *would* stop,
Till probationers brought them a tankard
Of Barclay's infusion of hop.
So we see the Boro' casualty, the blind, the halt, the deaf,
And cure their divers ailments with a useful H.B.F.
While if a case is difficult, or if we think it such,
We send it to the Back—you see things haven't altered much.

From the Gazette's Special Pathologist.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS

NOTICES.

G. M. J., ALTON.—This specimen contained a fair number of tubercle bacilli.

E. E. H., RAMSGATE.—This is a highly albuminous serous fluid having a sp. gr. of 1018. It is chyloid in character, its milky opacity being due to a fine emulsion of fat. Contained in the fluid are some membranous-like flakes of coagulated lymph. The centrifugalised deposit is small in amount and consists of red blood discs mixed with numerous small mono-nuclear leucocytes, and some catarrhal cells from the pleura. The filaria sanguinis hominis is not present, and no organisms of any kind are seen. PATHOLOGIST.

Case-Taking.

DENTAL CLINICAL LECTURE

By MR. W. A. MAGGS, December 6th, 1906.

GENTLEMEN,—It is always advisable to obtain from a patient as much information as possible about his condition, and to keep a record of each case.

Two aspects of case-taking may be considered by the dental surgeon. First, the condition of the teeth and jaws; secondly, the surgical affections of the mouth.

Dental case-taking.—The diagnosis of many dental affections is fairly obvious to the expert, and the condition being known the subsequent treatment alone requires to be noted.

As examples of disorders easily recognisable may be mentioned dental caries, irregularities of the teeth, pyorrhœa alveolaris, and erosion.

For the sake of simplicity and brevity, the human dentition is generally described by what is known as a *dental notation*. That is, the teeth are represented on paper by being shown above and below a horizontal line ————; the superior or maxillary teeth are indicated above the line and the inferior or mandibular teeth below the line.

The chart in daily use in the Conservation-room is well known to Guy's men. On this chart the crowns and roots of the permanent teeth are roughly sketched, and are numbered from 1 to 8 on each side of a middle line, and above and below the horizontal line, thus —

	Right.								Left.							
Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

The outlines of the teeth are printed in red ink, and all work done for a patient is represented by the operator by suitable markings on one or other of the outlines.

It is regrettable that a common or international dental notation does not exist. Guy's past and present students will probably continue to use the notation which they have been taught, but the numbering adopted is different from that of some other schools, and there are several other systems in use.

A Commission nominated at the International Dental Congress, held in Paris in 1889, recommended the following system of 16—

	Right.								Left.							
Upper	16	14	12	10	8	6	4	2	1	3	5	7	9	11	13	15
Lower	16	14	12	10	8	6	4	2	1	3	5	7	9	11	13	15

and the distinguishing of the deciduous teeth from the permanent by a decimal point prefixed to each numeral, thus—

	Right.					Left.				
Upper	·10	·8	·6	·4	·2	·1	·3	·5	·7	·9
Lower	·10	·8	·6	·4	·2	·1	·3	·5	·7	·9

Another method employed is that of numbering the teeth from the right upper third molar, and continuing to the corresponding tooth on the left side; then from the mandibular left third molar to the corresponding tooth on the right side, *sic.*—

	Right.								Left.							
Upper	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Lower	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

It is obvious that much confusion arises from the absence of any official notation; and on this account all systems are condemned by some practitioners, who prefer that the teeth in each instance should be individually specified. For a similar reason such abbreviations as $\lfloor \overline{i_1}$ for the first left upper incisor, $\overline{m_2} \rfloor$ for the second right lower molar, $\lfloor \overline{c}$ for the left lower canine, and the like, are much to be commended, since they are quite intelligible and not liable to be misunderstood.

The terms "deciduous," "temporary," and "milk" teeth are used synonymously for the first dentition; the term deciduous is perhaps the best, *e.g.*, $\lfloor \overline{di_1\ dm_2} \rfloor\ \lfloor \overline{dc}$, and is equally applicable to all those parts which have only a limited period of use, and are shed, such as teeth, hair, and antlers.

Before beginning any dental treatment it is necessary to mark on the chart full particulars of the teeth; to note if any are missing or misplaced; also to specify such fillings, inlays, and crowns as may be *in situ*, and their condition. In the examination of a large number of patients the help of an assistant greatly facilitates the work, for whilst the patient is in the operation chair the operator can call out the details to be marked on the chart, and the assistant in turn can repeat them for verification. It is easy to overlook a carious cavity, particularly on the buccal or interstitial cervical margin of a posterior tooth; and as such an oversight is detrimental to the interest of the patient, and to the reputation of the dentist, it is advisable for the operator to inspect each tooth a second time with the filled-in chart beside him. It is necessary to be exact in observation and statement, as it is never known what reference to a chart may be required, and an unreliable record is useless and misleading.

Professor Osler, in speaking of the minuteness of inquiry and accuracy of description introduced

by Dr. Louis, the French physician, says: "The guiding motto of his life was *Ars medica tota in observationibus*, in carefully observing facts, carefully collating them, and carefully analysing them." Louis obtained an accurate knowledge of disease by studying a large series of cases and going into all the particulars.

The careful observer can generally see some points of interest in the mouth of each patient, and any opinion formed at the time should be written down, with a view to its reconsideration at any subsequent visit of the patient. All details of treatment, whether ordinary and common-place, or temporary, or experimental, must be reported, as it is from such statistics that practical results are obtained.

Careful notes will bring conviction to the unbiassed mind upon many debatable methods. For example, the best treatment of septic root canals is by no means settled, as will be admitted when it is mentioned that the following drugs, amongst others, are used:—Carbolic acid, chinosol, creasote, formic aldehyde, hydrogen peroxide, iodoform, iodine, mercury perchloride, sodium peroxide, sulphuric acid, and oils of cassia, cloves, cinnamon, eucalyptus, and wintergreen.

Again, the value of the various root fillings, and the relative durability of the innumerable plastic fillings in the market, of porcelain inlays, and of banded and other crowns, require to be dealt with in a systematic manner.

To summarize, it may be said that the advantages of dental note-taking depend, firstly, upon their accuracy and thoroughness; secondly, upon the diagnosis made therefrom; and, thirdly, upon the possible benefit to the patient from a faithful record of the case.

Surgical case-taking may necessitate a large scope of inquiry. Dental surgeons soon learn to know any deviation from the normal condition of the mouth, but diagnosis is often difficult and obscure. The signs and symptoms may not be pathognomonic of any single disease, and the balance of evidence must determine the practitioner's opinion of the condition.

The object of case-taking is to elicit all the facts for the purpose of arriving at diagnosis, prognosis and treatment. Any abnormal condition of the tongue and mucous membrane of the mouth, and of the cervical lymphatic glands, should be noted; and the previous history of disease in chronological order is important and helpful, particularly if specific or tuberculous conditions be suspected.

In searching out the history of a case, the chief symptom which has led the patient to seek advice should be inquired into, but leading questions should be avoided. The patient should be allowed to describe his case in his own way; the dental surgeon should follow it up on lines that will be helpful, such as by inquiring about the duration of the symptoms, and the character and frequency of the pain, if any, etc.

In examining a patient, supposing a swelling to exist in one of the triangles of the neck, it should first be determined whether the swelling is fluid or solid, acute or chronic, bound down to the mandible, skin, fascia, or muscles, and then the probabilities of the cause should be narrowed down to a minimum in the mind of the dental surgeon. There is no justification for speaking before the patient of such grave conditions as cancer, or tubercle, or syphilis. If any one of these is suspected it is best to use such general terms as "growth," "constitutional," "specific," and the like. The further elucidation of such disease must be left to the medical practitioner in consultation with the dental surgeon.

Ulcerations and growths about the mouth are common, the majority being innocent in nature, but the dentist who is surgically educated can be the means of saving life by the early recognition of a pre-cancerous condition of the tongue, or the presence of a malignant growth. In this connection I may mention an amusing anecdote of a gentleman, aged between 60 and 70 years, who recently consulted me, and in whose mouth the sole indication for treatment was the removal of a loose deciduous lower canine—a rare condition at this age. He seemed greatly relieved at the diagnosis, and said a country dentist told him he had cancer of the mouth, and should seek further advice; but, he added, the dentist called out as he was leaving the house: "Perhaps I am wrong; perhaps I am wrong."

The following particulars show the advantages of careful note-taking:—

"Frances M. C., æt. 24 years. Domestic servant. Admitted Charity ward, No. 2 Guy's Hospital, January 22nd, 1879.

Previous history.—Was admitted into St. Bartholomew's some twelve years ago, for about a fortnight, with abscess on right side of lower jaw.

History of present attack.—Patient had, when quite a child, ulceration of mouth. Contraction of cicatrix has caused closing of mouth, which has been increasing since childhood. Has never been able to open mouth as widely as most people. About last Christmas noticed mouth

getting tighter. Went to a surgeon, who tried to force mouth open.

Condition on admission.—Has a tight cicatrix in mucous membrane on each side (of mouth). Teeth can be separated about half an inch. The band on the left side extends from gum between canine and first premolar below, upwards to the gum about first molar. On the right side band extends from interval between canine and lateral to opposite second molar above; it does not extend to the gum, but is lost in the cheek.

January 30th, 1879.—Mr. Howell tried to separate teeth with gag, but without success.

February 6th, 1879.—Chloroform administered and cicatrix divided. The mouth was kept open afterwards with a piece of wood. Mr. Moon extracted some teeth.

Condition on leaving.—Mouth can be opened about three-quarters of an inch.

Diagnosis.—Contraction of jaw after stomatitis.

Result.—Relieved.

July 7th, 1904.—The same patient was seen by Mr. W. A. Maggs, and a denture advised. The condition of the mouth was very similar to that described on admission to Guy's in January, 1879. The mouth could be opened about half an inch between the teeth. The cicatrix on the left side was more extensive than that on the right side, and, when the mouth was opened, felt like a piece of cartilage under the surface of the mucous membrane. In the lower jaw it had involved the free border of the alveolus, and thus prevented a full lower denture being made.

November 24th, 1904—An upper and a lower denture have been adapted."

The interest of this case lies in the fact that the patient presented herself at the hospital after an interval of more than twenty-five years, and the condition of the mouth was found to be the same in 1904 as in 1879. No further cicatricial contraction had taken place, and it is probable that she sought advice at the later date because she felt that artificial dentures were needed on account of advancing age—nearly 50 years.

The Ward Clerks at Guy's, upon their appointment, are each given a printed book of instructions for note-taking in surgical cases. The headings applicable to all cases are thus given:—*Admitted for. Family history. Previous illnesses or injuries. History of present illness. Condition on admission. Pulse. Respiration. Temperature. Urine. Local condition. Diagnosis. Treatment and progress. Condition on discharge.* The book is further helpful in that fractures, injuries to head, injuries to chest, injuries to or diseases of abdomen, tumours, ulcers, joint diseases or injuries, injuries to or diseases of spine, diseases of breast, inguino-scrotal and scrotal swellings, hernia, diseases of urinary tract and diseases of rectum are specially and fully dealt with under separate headings. The thoroughness of the investigation required may be gauged by the following quotation from pages 18, 19 and 20 concerning ulcers:

ULCERS.

1. Mode of origin. Traumatism; nodule in skin; inflammation; enlarged glands.
2. Situation.
3. Number.
4. Size. Measurements.
5. Shape. Round; oval; crescentic; serpiginous; irregular.
6. Base of ulcer. Depth.—
   - *a.* Covered with granulations, which are florid, red and small, or large, florid, bleeding readily, or large, pale and flabby.
   - *b.* Devoid of granulations, smooth, glistening, etc.
   - *c.* Covered by slough; by membrane; by spongy blood-clot; by scab; by shreds of tissue, etc.
   - *d.* Adhesion to subjacent parts, *e.g.*, bone, enlarged glands.
   - *e.* In case of malignant growths, fungation of new growth beyond level of surface, warty, cauliflower-like masses.
7. Edge. Shelving gradually; sharply cut; undermined; elevated; thickened and rounded; raised and everted; indurated; ragged; colour, etc.
8. Condition of surrounding parts. Healthy. Inflamed: hot, red, painful, swollen, œdematous, etc. Indurated: congested, pigmented, scaly, warty, heaped-up epidermis; infiltrated with new growth. Condition of vessels: tortuosity of veins, etc. Condition of nerves: impaired sensation, etc.
9. Discharge. Pus; amount; thin; abundant; sweet; foul smelling; sanious, etc.
10. Pain. Continuous or not; character; radiating along nerve supplying ulcer; tender spot in ulcer.
11. General condition of patient. History of syphilis and other venereal disorders; tubercular affections; gout. Varicose veins; defective circulation due to heart disease, etc. Nervous diseases; locomotor ataxia, etc. Albuminuria; glycosuria, etc.

The lecturer concluded by giving a specimen copy of the notes of a surgical case, the details of the operation having been omitted.

"Nature of case. Epithelioma Linguæ.
Surgeon. Mr. L. A. Dunn.
Date of Admission. 20th September, 1906.
Ward and No. of Bed. Dorcas, 16.
Name and age of Patient. Elizabeth L. 65.
Occupation. Married.
Residence. Millier's Street, Walworth Road, S.E.
Date of Discharge. 14th October, 1906.

Short Abstract of Report.—Patient had ulcer on under-surface of right side of tongue, probably caused by defective tooth; and an enlarged gland in right submaxillary triangle. The ulcer was operated on, and the enlarged gland, and also the submaxillary glands, were removed. The right half of tongue was removed. Patient had nasal feeding, and when discharged could speak fairly well.

Admitted for.—Sore place under the tongue.

Family history.—Good.

Previous disease.—Has had lock-jaw two or three times.

History of present disease.—Two months ago patient first noticed a sore place on the right side of the floor of the mouth. She saw a doctor, who gave her some lotion to rinse her mouth with, but this did her no good. Later on she could not eat her food, the sore being painful. She was advised to come to the hospital, where she had part of a tooth extracted from the right side of the lower jaw.

Condition on admission.—On the lower surface of the tongue on the right side is an oval area half an inch long with indurated edges and a depression in the centre. The patient can draw her tongue fairly forward, and it does not seem attached to the subjacent structures. The sore is situated at the junction of the middle and lower thirds of the under-surface of the tongue. There is one enlarged gland to be felt in the sub-maxillary triangle. The patient is rather tender along the anterior border of the sterno-mastoid, and complains of a shooting pain to her ear. The little bit of tooth remaining rubs against part of the tongue where the ulcer is. It is jagged in outline. The condition of her other teeth is not good. The growth does not extend across the mid-line. Pulse 98; respiration 24; temperature 98°.

Diagnosis.—It was thought that the ulcer was epitheliomatous in nature, and it was decided to remove the right-half of the tongue and the glands in the sub-maxillary region.

Treatment.—September, 1906. The operation was successfully carried out, the patient being anæsthetised with A.C.E. and later with chloroform. No bad effects followed the operation.

12th October, 1906. Patient making a good deal of progress. Has been up most of afternoon. Can speak fairly well.

13th October, 1906. Mouth still tender. Patient can be easily understood when speaking.

14th October, 1906. Patient was discharged this afternoon. Mouth was rather tender."

An Old Recipe Book.

SOME time ago I found in a lumber room at home an old tin box. The box was full of old documents and papers, and also contained a little booklet which on perusal proved interesting and amusing. It is a book of Recipes, and some of these seem to me worth producing.

"Bilious Colic.—Drink warm lemonade. This has cured when judged to be at the point of death." A statement which leaves one in doubt whether it was the lemonade or the patient which was at the point of death.

"Ringworms.—A very simple cure is to dip the ends of a number of matches in water and apply the ends of the matches daily to the spot."

"Dim sight.—If very dim, apply rotten apples, and good results will follow." Modern science has proved this to be fallacious, rotten apples and rotten eggs, etc., tend rather to produce inflammation.

"Feet—to wash.—The neglect of washing the feet is often visited by a quarrelsome temper and other bodily complaints."

"Hiccup is speedily cured by placing the fingers in the ears whilst drinking freely of cold water, or taking a pinch of snuff."

"When a favourite cat requires medicine, simply dip its foot in castor oil, which it is sure to lick." This may be very efficacious for cats, but one wonders what would happen if a Boro' body were treated in a similar manner.

"Bicycle riding is apt to breed fistulas—a dear and most painful acquaintance."

"Fistulas, so painful, which to save the knife operation use Epsom salts and vegetable food freely; wash mussel shells, these burn to powder, sift them very fine, and mix with lard spread on wash leather, this apply night and morning, which if persevered with, has cured the worst cases."

In these days, too, we like our exercise on our feet out of doors or in the gym, and do not agree that "Exercise should always be on an empty stomach."

"To become hardy," we are told "gradually accustom yourself to less clothing." Still there are limitations even with regard to the clothes one can do without.

"Asses' milk comes the nearest to human milk, and will sustain life for an indefinite period." We may, I think perhaps accept this. No man can really claim to know the mind of women. She is incomprehensible to the ordinary mortal; a creature of moods, of impulse. Mere man, working more like an automaton is often puzzled to explain an action of wife, sister, mother, and so he attempts to get out of the difficulty by saying with

an air of absolute confidence and finality, "Oh, she's a woman, she's so silly." Perhaps then the above statement may help us out of the difficulty. Perhaps it explains many strange phenomena in the gentler sex. But the words "indefinite period" fill one with grave fears concerning the length of life of some of them if they were to start feeding on asses' milk. Think of the suffragettes.

Returning, however, to the recipes.

"Ivy leaf.—Its properties are to heal; the under side draws, the top side heals any old sore."

"For Indigestion, rise early and eat a crust of bread as big as your thumb."

The following scathing criticism of doctors surely deserves reproduction. "The prospect of doctors is becoming worse yearly, and is often more to be feared than the disease, when one gives bread pills to cure one patient, and another a little common soda-water coloured with Spanish juice for upwards of six months till accidentally discovered."

"For thrush, or white ulcers in children's mouths, simply burn a little scarlet cloth to ashes and blow them into the mouth, which seldom fails to cure."

"The Hindoo Mothers the first to make this discovery:—Previous to a child being born, the mother is anxious to know its sex, and this may be known thus.—If the child born next before had peaked hair in the neck it will be a boy, but if straight hair it will be a girl."

"Neuralgia.—Why suffer such dreadful pain? The simplest and best remedy for neuralgia is to wear well pounded brimstone on the sole of the foot contrary to the pain side."

No doubt many country people and others put mustard poultices on various parts of the body to alleviate neuralgia and toothache and such like, but why of all places on the body should the sole of the foot be selected?

The next extract will doubtless be of interest, especially to Dr. Pembrey in his latest investigations. "For a stitch in the side apply treacle mixed with a very hot potato." Here is a good opportunity for the "Stitch Committee" to distinguish themselves.

Only one more extract will I mention. But it will assuredly meet with a prompt and unanimous denial from all Guy's men. "Dried watercress is superior to tobacco for smoking." D. S.

Change of Address.

Fleet Surgeon W. W. Pryn, R.N., from H.M.S. Goliath to 18, Victoria Street, S.W.

Major H. St. G. S. Hore, R.A.M.C., from Naas to Dublin.

Captain H. Hewetson, R.A.M.C., from Dover to the Straits Settlements.

Captain V. J. Crawford, R.A.M.C., from Edinburgh to Glasgow.

Captain F. H. Hardy, R.A.M.C., from Mill Hill to British Central Africa.

Dr. A. E. Larking, from 4, London Street to Castle Street, Buckingham.

In Lighter Vein.

"PROCRASTINASUBCOMMITTINATION."

At the extraordinary special general meeting of the Students' Club a committee was appointed to inquire into a proposal for the alteration of the catering. Their report is to be presented to an extra-extraordinary special general meeting of the Club to be held on or about February 1st.

Extracts from minute books of various other sources of information (?)

Feb. 1st, 1907.—The members of the Committee having been invited last evening to dine with the Caterer, were totally incapacitated from attending the meeting to-day, which was accordingly postponed *sine die*.

Nov. 1st, 1907.—The Committee presented their report to the annual general meeting of the Students' Club to-day. In apologising for the delay they pointed out that the pros. and cons. had to be very carefully weighed. Hence the frequent attacks of "weigheditis" occurring among their number. The meeting sent a resolution to the College Committee.

Dec. 15th, 1907.—The College Committee to-day appointed a Sub-Committee to inquire into the advisability and necessity of reforms in the Catering Department.

Feb. 5th, 1908.—Acting upon the suggestion of a shareholder of the "Cheshire Cheese," the policy of "One day, one dish" has been adopted in the College Dining Hall.

Feb. 29th, 1908.—Owing to the demise of the College cat, the meeting of the College Committee to receive the report of the Sub-Committee was postponed.

March 1st, 1908.—Plat du jour—Jugged Hare, 10d.

April 1st, 1908.—Rumour that Caterer has resigned (alas, unfounded). Rumour of an outbreak of alopecia among the members of the College Committee (officially contradicted). The truth is that they are merely losing their hair (Ed., G.H.G.). Rumour that the Sub-Committee intend to apply to the College of Heralds for a coat of arms, the inscription to read "MENE, MENE, TEKEL UPHARSIN." (This is not confirmed.)

Nov. 15th, 1908.—At the annual general meeting of the Students' Club, the Secretary announced that he hoped in six months' time, when all the facts could be put before them—(uproar)——

The meeting adjourned in disorder to the "Ship and Shovel" to discuss a plan of campaign, and were still sitting at a late hour.

Cancer of the Breast and its Operative Treatment.*

IN this attractive volume Mr. Handley does more than refresh our memory of his Hunterian lectures for 1905; those lectures summarised his work for the past few years. The present volume gives us fully most interesting results of his investigations on the method of the spread of cancer in the body, and places the "operative treatment of breast cancer, hitherto in some respects still empirical, upon a more complete rational basis."

The opening chapter is devoted to showing that the embolic theory of cancer metastases is untenable. Three main lines of argument are used by the author; first, that on the embolic theory organs ought to be affected equally, but are not—the upholders of the theory evade this by dragging in "tissue predisposition"—a palpable subterfuge; secondly, that M. B. Schmidt's thorough and excellent work shows that cancer cells in blood vessels tend to be destroyed; and thirdly, that chorion epithelioma, which spreads by the blood, more often undergoes spontaneous cure than any other form of cancer.

Having shown that spread by blood vessels only occurs exceptionally, Mr. Handley proceeds to demonstrate conclusively that dissemination of cancer of the breast takes place along the lymphatic channels. This mode of spread is proved to account for both parietal and visceral dissemination. The parietal dissemination is dealt with first, and the evidence is partly clinical and partly microscopical. He shows that in the cases of subcutaneous nodules in connection with breast cancer, the nodules occur in circles round the primary growth, spreading over the trunk and along the arm for equal distances. He points out, too, that the distal parts of the limbs are practically never affected, a result in entire antagonism to the embolic conception. In the case of bone metastases the femur and humerus are affected in positions where they approach the skin—that is, just below the great trochanter, and at the deltoid insertion, respectively: the distal bones, the tibia, fibula, radius and ulna are immune from deposits. Here again the evidence is against embolism, and in favour of centrifugal spread.

The microscopical evidence is more interesting, if possible, than the clinical; this interest is largely due to the skilful method of investigation—that of preparing long radiating strips of tissue, including skin and subjacent muscle, and cutting serial sections of these. Mr. Handley finds that the dissemination occurs *via* the lymphatic plexus lying in the deep fascia by a special process which he has named "lymphatic permeation." This permeation occurs against the lymph stream, and is found a good deal beyond the limit of growth as judged by the naked eye. Furthermore, the lymphatics first affected tend to become fibrotic—undergoing a "perilymphatic fibrosis." From this fascial plexus along smaller lymphatics passing superficially are seen cancer cells which form subcutaneous nodules; and columns of cancer cells are also seen permeating the channels which pass through the subjacent muscle.

Visceral dissemination is then dealt with, and by the same methods it is found that lymphatic permeation passes through the rectus sheath in the epigastric angle to the falsiform ligament, and so to the liver. Another method of visceral dissemination is by permeation spreading below the last rib, so causing retroperitoneal infection, accounting for those cases where the suprarenals, kidneys or aortic glands are the only organs showing metastases.

The special lines laid down for the operative treatment of breast cancer are in accordance with these pathological findings—a circular incision round the growth, undermining of the skin, and a very wide removal of the deep fascia especially towards the epigastric angle. To prove that this is not a purely theoretical point, Mr. Handley quotes cases from two surgeons, one of whom removes skin widely but no fascia beyond, the other deep fascia beyond his skin. Local recurrence is less frequent with the latter treatment.

Mr. Handley touches on several other interesting matters in connection with carcinoma, among which may be mentioned *cancer en cuirasse* and spontaneous cure of breast cancer.

The book will be appreciated by all those interested in cancer research, and once more demonstrates that all surgery to be sound must rest on a firm basis of pathology.

* "Cancer of the Breast and its Operative Treatment." W. Sampson Handley. Published by John Murray. 12s. 6d. net.

Owing to the lateness of our contributors, several reports of Ward Concerts — especially "Luke and Charity"—have been held over until our next issue.

"As Old as the Hills."

THE proverbial expression that "there is nothing new under the sun" applies to medicine as well as to other things. Probably there are readers who will rise in arms against this statement, denying it *in toto* and pointing triumphantly at opsonins (if such things can be pointed at), at the spirochaetæ, at lateral anastomosis, at Listerian methods of operation, at our advances in physiology, bio-chemistry, surgery, obstetrics and medicine—in short, at everything which has been "discovered," with much blare of trumpets and folios of articles in the professional papers, during the last three centuries. But a glance at the progress of medicine will reveal the fact that our discoveries are, after all, for the most part re-discoveries. They are exhumations, not new creations. They are finds, indeed—discoveries, but finds of things forgotten, buried and lost. There is no harm in pointing out this fact. In literature it is almost an axiom that no one ever says anything new; we only write or say in a different or modified fashion what our forerunners have expressed in another way. Mankind thinks on the same lines, just as it lives on the same diet all the world over, though environment and opportunity may vary the thought as they change and modify the dishes. Our professional pride in a new "discovery" may tempt us to disbelieve the aphorism, *Sub sole nil novi*, but closer study of old-time methods and previous work often brings it home to us, sometimes in an unpleasantly personal manner. Someone, in times long before us, thought of our discovery, worked on our lines, grasped a sparkle of our diamond glistening in the ground. He may not have gone so far as we did in unearthing and polishing the gem, but he knew it was there all the same. History teems with such examples, and medicine is not an exception, and as some of the interesting cases concerning the latter may be novel to many, a brief summary of them may prove of interest.

It is impossible to quote in detail the many discoveries in medical science which have been forestalled by similar discoveries in the past. To do so would need a bulky volume. It is therefore only possible to mention the more interesting points. Let us commence with physiological and anatomical matters. Susruta, whose medical works are preserved in the library at the East India House (although a large number of commentaries on his books exist in the Oriental MSS. at the British Museum) recognised the heart as a muscle, and the liver as an organ which had something to do with the formation of the red element in the blood. His description of the bones is in the main accurate, and he alludes to the blood as a formative tissue. Contemporary with Susruta were probably the Egyptain Pastophori, whose system of medicine, entitled "Ambres," spoke of the peristaltic action of the stomach. Much more advanced were the ancient Greeks. Peyer's patches should really be termed the glands of Nebrus, for that physician, the teacher of the elder Hippocrates, had recognised them a thousand years before Peyer, and had handed down his knowledge to his pupil, who speaks of them in his works. Diogenes, of Apollonea, taught, in opposition to Anaxagoras—who held that what nowadays would be called the "male pronucleus" solely influenced the sex of the embryo—that the sex of the ovum is predetermined before fertilisation—a statement which Beard has lately attempted to prove. Democritus developed an atomic theory; Alcmæon, a pupil of Pythagoras, discovered the Eustachian tube, and taught the importance of the brain as the centre for volition and movement, in opposition to the prevailing impression in his day that the nerves had their "cell stations" in the umbilicus. Hippocrates, who had personally dissected many bodies, described accurately and minutely the several bones of the human body, and dealt also with the nervous system. He wrote descriptions of the brachial plexus, of the sympathetic in the neck, of the vagus, and of the larger cranial nerves, and surpassed Aristotle in his description of the brain. His physiology, it is true, was a trifle absurd, but if we smile nowadays at his systematic account of the circulation of the pneuma in the blood (he missed, by a hair's breadth, to grasp the fact that the blood itself circulated in the arteries he so minutely described) it is permissible to wonder whether in the future others will not smile at our modern theories. Polybus, his pupil, who wrote a description of locomotor ataxia, enriched embryology by his researches on the structure of eggs, and succeeded in detecting the various parts of the ovum without the help of a microscope or the innumerable aids which the present day embryologist has at hand.

Herophilus (who is known to every student who has dissected the head and neck) dealt accurately with the minute structure of the eye, and posterity has done him some justice in associating his name with the torcula, first accurately described by him. Galen, at whom it is fashionable to sneer nowadays, knew quite a deal about physiology, although it is probable that he would not have satisfied the examiners at the College in that subject, while his anatomical descriptions leave little to be desired. Eudemus, his contemporary, described the pancreatic duct, which Wirsung had the impudence to claim as a new discovery in 1630. Rufus spoke of the pulsus paradoxus and of dicrotism, and Thessalus encouraged his pupils to take measurements of the chest in patients—a custom which gave Martial an opportunity of having a jeer at the profession generally in making a much-examined patient remark, in one of his plays, "Centum me tetigere manus, aquilone gelatæ, non habui febrem, nunc habeo." Most of the reasons we now assign for an explanation of the cardiac sounds were known to the celebrated lady teacher of anatomy in the Middle Ages, Trotula di Ruggieri.* Her equally remarkable, but less well-known lady colleague, Constance Calenda, speculated on blood pressures in connection with the excretion of urine. The Indian physicians, Susruta, among others,

* See Renzi Storia d. Med. in Italia.

knew that sugar was a pathological constituent of urine, and though they were ignorant of the more modern tests, they employed one which, clinically at least, appears to have served its purpose equally well—they tasted suspicious specimens. Garimpontus, of the school of Salern, knew of the irritability of nerves, and studied the contraction of muscle under conditions of cold and heat, although he did not deem them of sufficient importance to be traced on sheets of smoked paper.

When we come to surgery the rediscoveries are still more striking. The Ayur Veda, which experts date, though not unanimously, as far back as 2000 B.C., describes minutely the operation for rhinoplasty, which the elder Von Graefe, who had the sense to acknowledge his indebtedness to his long deceased Indian masters, brought to the knowledge of the profession in modern times. Cæsarean section on the living was practised by Indian physicians, and in the fine collection of old Egyptian surgical instruments in the Berlin Museum are to be found uterine specula, catheters, and something which is conjectured to have been the prototype of the modern Whitman's brace. Cystotomy, and probably also lithotrity, were known to and used by the ancients, The Ayur Veda mentions laparotomy, which Charaxes used in cases of tumours and internal inflammations, in volvulus, and in cases of intussusception. The same forgotten surgeon excised the bowel in strangulated hernia, suturing the ends together in a most elaborate manner with the help of ants' heads, which were employed to hold the cut edges of the intestine in contact while the stitches were put in. Unfortunately, he has not left us a table of his cases, and it is therefore a matter of speculation as to how many patients survived this operation, for Listerian methods do not appear to have been known to the profession until the time of Hippocrates. A contemporary of his (Diocles of Carystus ?) was in the habit of boiling his instruments and rigorously scrubbing the site of his incisions. The lady physicians already alluded to, Trothula and Constance, also insisted on the importance of what we would now call asepsis before surgical operations, but their methods do not seem to have found much favour with their male contemporaries, for one at least, Copho, remarks that it is waste of time to trouble a patient with ablutions before starting an operation. Probably, in those days, the medical profession did not like to be taught how to suck eggs by women. Anyway, we hear no more of Listerian methods till the modern exponent came on the platform. Cœlius Aurelianus, of the school of Smyrna, where Galen was a "dresser," did both the high and the low operation in tracheotomy. Hippocrates forestalled O'Dwyer in intubating the larynx in cases of stenosis.

Podalirus trephined a rib in a case of empyema, and thus evacuated the pus. Hippocrates went a step further, and excised it. Galen, who invented a neat little aspirating syringe, with which he was so pleased that he experimented on all cases he could get hold of, wrote against this method, and advocated aspiration. Both methods, however, went out of fashion, to be rediscovered later on, aspiration in 1640 by an Italian, and resection as late as the last century by a French and a German surgeon. The radical cure for hernia is mentioned by Celsus, and the operation for freeing a strangulated rupture is apparently much older. Serapion, in pre-Galenic times, did both nephrectomy and nephrotomy, and one of his colleagues appears to have operated on a sub-diaphragmatic abscess. Trepanning and trephining are literally as old as the hills, and there is mention somewhere of a case in which the pericardium was sutured by a French surgeon in the Middle Ages. Susruta mentions among other operations that of harelip, skin grafting, and cataract extraction. De Salya removed foreign bodies from the cornea by means of a magnet 2,000 years before our era, and employed an Esmarchs' bandage in amputating the hand. In the Ayur Veda the student is told to be careful, when opening mammary abscesses, to make his incision radially from the nipple so as to spare the milk ducts. In the same work the treatment of malignant tumours is dealt with on what would nowadays be deemed strictly orthodox lines. The new growth was not only removed with the knife, but the raw surface left was scarified with arsenical paste. Thyroidectomy was in vogue, and a modified Hodgen was used for fractures of the femur. The section in the Ayur Veda which deals with intestinal obstruction is so interesting that no apology is necessary for the following quotation :—

"In such a case (when neither fæces nor flatus can be passed) the surgeon will have to operate. Place the unfortunate on his back, well bound. If he is faint give him something to drink. Take oil and thoroughly rub his belly. Measure off two fingers under the navel, and cut towards the left. Make your incision four fingers long, and cut across the hairs. Cut through the integument till you strike the peritoneum (belly mesh). Open this carefully. The intestines will bulge into the wound. Draw them out gently for a distance of three fingers, and examine them. If you find a calculus has caused the obstruction, a stone, a fruit, or a mass of fæcal matter (impacted fæces), you must cut down upon it and remove it. Cleanse the edge of the intestine and sew it together carefully. Rub the sutures with clarified honey (boiled honey), and return the intestine into the abdomen. Close the external wound at once, and let the patient sleep."*

For terseness and explicitness this would be hard to beat. Notice, too, the close approach to our modern manner in the words "the surgeon will have to operate." And yet some people think laparotomy and enterectomy modern operations. Hippocrates in his book "De articulis," refers to the reduction of spinal dislocations by the intra-abdominal method, which, however, he does not seem to have practised except on the dead body. He used the trephine in cases of compression, but held that the vault of the skull should not be opened completely

* Hessler, Latin Translation of Susruta 1844.

(*i.e.*, that only the outer table should be removed, since the inner table would subsequently be loosened by suppuration, an opinion which, it is interesting to note, was shared by Pott in later days).

He also operated on piles, both ordinary and strangulated, using the ligature and cautery. Mantias (250 B.C.) employed nerve suture, and did tenotomy. The lady doctors of Salern knew the operation of symphysiotomy.* Oribasius trephined the sternum in a case of purulent mediastinitis. Celsus, according to Lacauchie, twisted the arteries in an amputation stump. Aretæus, who described phthisis so well that his description may be read with profit even to-day, speculated on the possibility of surgical interference in pulmonary tuberculosis. Alexander, who followed Galen, and wrote amusing speculations on such abstract questions as "Why have women no beards?" "Why have some boys crooked legs?" "Why are small men more energetic than large men?" (which last he answered by postulating that in small men the soul is in a much more concentrated form than in larger individuals), opened the antrum of Highmore. Paulus, of Ægina, cut down on fractures, but stopped short of wiring, and injected solutions into the bladder and into hydroceles to absorb calculi in the one case and to promote absorption in the other. Rhazes devised an operation for lachrymal fistula. Abulcasem in 1150 opened a liver abscess, and used the cautery in cases of "gibbositas ex spasmi nervi oriunda."

He also did plastic operations for the cure of ectropion and entropion; did a keratomy for hypopyon, and extracted a cataract by suction, a method long afterwards advocated by the French oculist Laugier as something novel. He used a wire splint for dental fractures, and a wire ecraseur for the removal of nasal polypi. He perforated stones in the bladder, forestalling the later operation of lithotripsy, and claims to have cured an umbilical hernia by ligaturing the sac after cutting off the adherent omentum. He incised hydroceles and ligatured the veins in a case of hydrocele, and writes of a case of laparotomy in which he sutured the cut intestine to the abdominal wall. The patient recovered, and lived for some years afterwards, probably with an artificial anus. This gives Abulcasem the honour of having been the first to attempt colotomy.† He is also the first who successfully operated on a case of necrosis of the tibia by resecting the bone. Roger, of Salerno,‡ a contemporary, modified the intestinal operations and did an end-to-end anastomosis. He also employed the equivalent of a modern Paul's tube.

* Siebold, Geschichte der Geburtshülfe, 1839.
† Abulcasis de Chirurgica: Joh. Channing, Oxon., 1778.
‡ Renzi Storia della Med. in Italia.

BOOKS RECEIVED.—Nurse's "Enquire Within," Corbin and Stewart's Chemistry and Physics, Whiting's Aids to Diagnosis, Bland-Sutton's Tumours (new edition), Weber's Climatotherapy and Balneotherapy, The Practitioner (influenza number), and the Glasgow Medical Journal for January, 1907.

The Anachronism.

THE old gentleman whose "hirsute adornments," as they sometimes are rhetorically described, are of the Dundreary pattern, I strongly suspect to be an anachronism, and a more particular survey of his exterior, in addition, if possible, to a few minutes' conversation with him, is quite sufficient as a rule to assure me if my suspicion be right.

The anachronism is a fusion of the past and the present, a dual personality consisting of a past self which is the more amiable part of his nature, and a present self, which, not being his of choice, and whose existence is best explained by the maxim "tempora mutantur, etc.," he stoutly ignores. For he invariably and consistently favours his past self to the prejudice of his present, as anything which by reason of its modernity would appeal to the latter he rigorously eschews or only admits in very pressing circumstances. To appear in public in a beaver hat is more than he dare, for fashion has ordained a silken headgear, so to meet fashion half-way and not to come into collision with the police for causing an obstruction, he dons a "stove-pipe" as a compromise. His tastes are those of our grandfathers; he is a link with the past, a fugitive from Time, a cheat of chronology; he is the doyen of the old-fashioned squirearchy; he eats liberally and is very fond of lifting his little finger, as the saying is, regaling of evenings on port; he snuffs Rappee, smokes a churchwarden, and uses a spittoon. He is an anachronism.

But he has a certain respect for dates. Being too well aware of his advanced age and that soon he must be gathered to his fathers, he naturally is more or less sensitive on this point, and does not wish to be accounted older than he really is. His personal reminiscences do not go back to Waterloo, and he was never held up by a highwayman on Blackheath. Yet he had sipped syllabub at Vauxhall and remembers Cremorne at the height of its popularity. Paris he recollects in the days of the Second Empire and he has dined at Les Trois Frères and been to the Jardin Mabille, though the latter he will

discreetly tell you he had long since ceased to patronize.

In fact, if he likes, the anachronism can be extremely reminiscent, and while complacently stroking his Dundrearys and twisting the ends, he will tell you of things which took place in the Metropolis in the thirties and forties, when the London County Council was in the gooseberry bush, where he avows it ought to have stayed, that would make your hair stand on end.

Those were the days when the music hall was in the making; the days of the gaming and dancing saloons, the taverns and the night cellars; the times when a man in matters of amusement was a law unto himself, "When a man, sir, if he had a mind to enjoy himself, might do so in his own way; when municipal apron-strings were not the vogue; when one was a free agent, sir, with a right at his will to behave as a man or go to the devil."

He will talk to you of Evans's in the Piazza, the famous chops and kidneys, and of the concerts there and the sweet little boys who sang "Hail, Smiling Morn," and "The Red Cross Knight," and were judiciously escorted out much to their displeasure when Captain Costigan was announced to oblige.

In his jeunesse—I am sure the anachronism at heart repents his misspent youth—he never missed a fancy dress ball at the Opera House in the Haymarket, and well he can call to mind one night at closing time playing havoc with a Charley's hat, and with his two companions in the respective rôles of Robin Hood, Sir John Falstaff and Cardinal Wolsey, being chased by its irate owner right down Piccadilly to the Corner, at which point the Charley's wind gave out, much to Sir John's relief.

He was a patron of the stage and had the entree to the wings of Drury Lane, over which he facetiously remarks—for the anachronism cannot resist a jeu d'esprit—he would rather draw a curtain. He recollects the great tragedian Macready and his magnificent impersonation of Macbeth, when, moved to madness at the sight of the awful apparition, he literally flung himself on Banquo's Ghost in a way which in these degenerate days might be deemed transpontine.

He remembers the Opera when Mozart and Donizetti held sway, "when Wagner, Sir, was unknown, and one could go home and have a good night's rest, without a nightmare or a head in the morning like a debauchee's."

Then he will become lugubrious and will recount to you the details of a famous murder case and of his being taken by his father to the trial at the Old Bailey and overhearing the rather enigmatical remark sotto voce of the usher, afterwards explained to him, that the prisoner was "as dead as mutton," which his father said was "rather bad taste," referring of course to the usher's remark. Then he will continue even more lugubriously, and will recall a certain Monday many years ago when, walking along Ludgate Hill about eight o'clock in the morning and passing the end of the Old Bailey, by an involuntary glance he became a witness to the last dread penalty of the law. He will not explain to you how he came to be taking a stroll abroad at such an early hour, and why on this particular morning he should have given Ludgate Hill the preference to Rotten Row or Kensington Gardens. But if you evince any desire to know the particulars of the event, he will quite warm to the subject, which will prove that his "involuntary glance" was not entirely lost on him.

So the anachronism runs on in a manner irresistible, recounting his experiences of London as it was. You had better give ear to him while you may, for ere the century has reached its teens, Time may have caught his prisoner, the link may have snapped.

R. CLEGG ATKINSON.

Reviews.

The price of books submitted for review should in every case be stated.

Midwifery for Nurses. By Henry Russell Andrews, M.D. Pp. 308 and xi. (Mr. Edward Arnold.) 4s. 6d. net.

Dr. Andrews has been asked to publish in book form the lectures that he gives to the pupil-midwives at the London Hospital, and by yielding to the request has added another to the list of such books which are already numerous. This work is meant to serve as a practical hand-book for midwives, and not merely as text-book for the examination of the Central Midwives' Board, the rules of which body are given in the final chapter. The directions and explanations which the author gives all

appear excellent and blameless, and against the illustrations we can have no complaint, as they are the old familiar plates from Gray and Galabin.

Clinical Lectures on Neurasthesia. By Thomas D. Savill, M.D., third edition, pp. 216 and xvi. (Henry J. Glaisher.) 7s. 6d. net.

A fresh edition of these lectures has been called for, and Dr. Savill has taken the opportunity to make several alterations and additions to the eight lectures of which a second edition was published in March, 1902. The clinical picture presented in these pages of that complex of symptoms which we know as neurasthesia is accurate and instructive, though perhaps not well balanced, as the author, in our opinion, unduly exaggerates the important symptoms which make for recognition of his theory of the pathology of this disease.

Dr. Savill considers that neurasthesia is due to an autointoxication—"that blessed word Mesopotamia"—which arises in the gastro-intestinal disorders so common in sufferers from this disease. The principal arguments adduced seem to be that dyspepsia is associated with neurasthesia in many cases, and as it usually precedes the other symptoms, the author seems to think it must be the cause, especially as, after treatment of the dyspepsia, the other neurasthenic symptoms clear up.

The book is interesting, however, to all readers, whether they accept the author's views or not, as it contains the results of the observations of many cases, and gives an exceptionally clear description of the diagnosis of neurasthesia, comparing it with hysteria and hypochondriasis—two diseases which are so often mistaken for it.

Lectures on Diseases of the Lungs. By James Alexander Lindsay, M.D. Second Edition. Pp. 508 and x. (Bailliére, Tindall & Cox.) 10s. 6d. net.

The first edition of this book, which came out a few years ago, contained lectures on diseases of the heart and lungs. In the present work the former have been omitted, and the latter have been extensively rewritten and increased in number. The object and scope of these lectures is, we consider, ideal. The author intends them to supplement the ordinary text-books. They emphasize those points which he considers most important, indicate different opinions which he has formed as the result of his experience, and add any minor details of technique which he has discovered. An especial feature is made of differential diagnosis, which obviously a lecturer describing any particular disease can easily set out very fully, but which would involve an enormous amount of repetition if every disease were so treated in a text-book. In the same way the lecturer's treatment of the subject is thrown into the form of a discussion, with suggestions and their contradictions, while dogmatism is avoided as being more appropriate to and often necessary in a text-book.

A very fair chapter on Radiography in diseases of the lung is given, and the remarks on the surgical treatment of various affections are very sensible. A large amount of information is given concerning the efficacy of a visit to many well-known health resorts, but we should like to draw attention to various omissions in the text.

Under the croupous pneumonia we certainly expected to find some mention of arthritis and peritonitis as complications, and also some indication of the fact that all physicians do not agree with Dr. Lindsay when he describes fibroid lung as an important sequela of croupous pneumonia. Under the differential diagnosis of bronchiectasis we are not told that tuberculous sputum is never fœtid, nor is fibroid lung given as a cause of bronchiectasis. We cannot agree that in the air hunger of diabetic coma "the rate of respiration may be normal or decidedly increased," as the usual characteristic is its marked slowness. We are glad to see mention made of the slight œdema often present in the chest wall over an empyema, and can recommend the book as containing an interesting series of lectures.

Outlines of the Diseases of Women. By John Phillips, M.D. Fourth edition. Pp. 282 and xiv. (Charles Griffin & Co., Ltd.) 7s. 6d.

This manual, which has attained to the dignity of a fourth edition, contains a large amount of valuable information in a wonderfully condensed form—perhaps it contains all that is required for the ordinary examinations. We are glad to see that Dr. Phillips still appends to each chapter a short—a very short—epitome of the principal English literature on each subject.

A number of very useful prescriptions are given throughout the book—an unusual factor in gynæcological text-books—so that no student should be ignorant of the method of prescribing the various drugs recommended in the text.

Diseases of the Eye and their Treatment. By Henry R. Swanzy, M.D., and Louis Werner, M.B. 9th Edition. Pp. xx. and 744. (H. K. Lewis.) 12s. 6d.

This well-known text-book has now reached its ninth edition, and with the aid of Mr. Werner it has been considerably enlarged, extensively re-written, and—we consider—greatly improved. "Swanzy's Eyes" is a difficult book to review, as it does not fall into either of the two classes, which we consider should include all text-books on special subjects; it gives far more than is necessary for the student of ordinary surgery, and yet it is not complete enough for the ophthalmic surgeon.

The features of the present edition are the excellent illustrations that have been added—though colours are still avoided—and the fuller descriptions which have been given of theoretical details. A chapter on Optics has been added, and the theory of the ophthalmoscope is explained at greater length. A few obsolete things have been omitted, such as the suction operat

cataract, and the description of the angle γ. The Bacteriology of Conjunctivitis has been amplified, and the chapter on the Orbital Muscles has been re-written. We still, however, notice a want of proportion in the various paragraphs of the work, a fault that is hardly obviated by an extensive use of asterisks, which indicate the less important subjects.

More details should be given about spectacle prescribing, but we are glad to see that folders are condemned as unsatisfactory. Leiter's tubes are still extensively recommended in this edition, but Müller's speculum is advised for use in excision of the lachrymal sac.

This work should find even more readers in its new and improved form than it did in its previous editions.

The Chemical Investigation of Gastric and Intestinal Diseases. By Vaughan Harley, M.D., and Francis W. Goodbody, M.D. Pp. 261 and viii. (Mr. Edward Arnold.) 8s. 6d. net.

This work deals with a line of investigation which has been gaining favour amongst the medical profession ever since Ewald published his work on Stomach Diseases. At first almost entirely confined to research work, it has now taken its place as a recognised clinical method. In America and on the Continent test meals are given, and the results investigated in almost every case of disease of the gastro-intestinal tract, with the result that some unnecessary work is done. In England, however, this valuable aid to diagnosis is too often neglected: by the aid of this work, however, every practitioner can carry out the necessary tests.

The investigations, of course, consist in the administration of test meals and the examination of the stomach contents, or of the fæces, at definite intervals afterwards. The authors have not attempted to describe all the work that has been done on this subject, but have confined themselves to the result of their own experience, and have only given those methods which have been used "again and again by our pupils" in the University College Laboratory, and so may be described as eminently practicable.

We were at first surprised that two-thirds of the book should be devoted to the examination of fæces, and only one-third to the examination of gastric contents, as we should have thought the latter so much more useful. The text of the chapters has convinced us, however, that fæces should be clinically examined more often. The chapters on diarrhœa and constipation are most excellent, especially where we are shown how a patient can suffer from toxic absorption, even though he have a daily and apparently normal evacuation of the bowels. Charcoal administered by the mouth may not appear in the fæces till some days later, though the bowels have acted regularly meanwhile, showing that there is marked delay in the passage along the intestines of their contents, in these patients.

In the chemical investigation of gastric contents the authors very properly recommend the simple Ewald test meal for ordinary purposes, and the fuller Riegel meal when it is desired to test the motility of the stomach. We cannot, however, agree that it is better to hold the capsule containing the Günzberg test "in the fingers over the flame;" we consider a water bath is so much better.

In the quantitative estimation of HCl the authors recommend Leo's and the Prout-Wynter methods, but they are both almost too long and complicated for ordinary clinical work. We should have liked to see some mention of that method which utilises the hydrolisation of methyl acetate, as we consider it very useful and reliable.

The authors are to be congratulated on having written a very readable and useful book, which should be in the hands of all who practise medicine scientifically.

Pass List.

UNIVERSITY OF OXFORD, DECEMBER, 1906.—FORENSIC MEDICINE AND PUBLIC HEALTH.—R. Evans, M.A., (Jesus).

UNIVERSITY OF CAMBRIDGE, DECEMBER, 1906.—DEGREE OF M.B. CONFERRED.—C. F. Fothergill (Emmanuel) and A. Walker (Emmanuel).

FIRST CONJOINT EXAMINATION, JANUARY, 1907.—Parts I., II. and III. (CHEMISTRY, PHYSICS AND BIOLOGY).—C. F. Constant, H. H. Davis, J. L. Perceval, T. S. Sharpley, F. Tooth. Parts I. and II. only (CHEMISTRY AND PHYSICS).—H. G. B. Blackman, E. C. Cline, A. C L. d'Arifat, W. E. S. Digby, W. S. Hyde. Part III. only (BIOLOGY).—N. S. Carruthers, H. G. Crawford, H. Daw, O. E. Williams.

PRELIMINARY SCIENCE (L.D.S.) EXAMINATION, JANUARY, 1907.—Parts I. and II. (CHEMISTRY AND PHYSICS). N. D. Clarke.

Papers by Guy's Men.

Crown and Bridge Work (Removable), and with Removable Facings. Illustrated. By Percival S. Campkin, L.D.S. Eng.—*British Dental Journal*, 1st January, 1907.

An Operation for Liver Abscess. By Captain A. J. Hull, R.A.M.C.—*Journal of Royal Army Medical Corps* for January, 1907.

Diagnostic Gynæcological Difficulties. By Albert Martin, M.D.—*The New Zealand Medical Journal* for October, 1906.

Birth.

FELTON.—On December 28th, at Westgate House, Patrington, Hull, the wife of Richard Felton, M.B., B.S. Lond., of a daughter.

ED.—C. L. L.

GUY'S HOSPITAL GAZETTE.

VOL. XXI., No. 485. JANUARY 26, 1907. [SIXPENCE.

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Passim.

THE Annual Dance of the Residents, which has been fixed for the 29th inst., promises to be as distinct a success as the previous functions, which were held in the Court Room, have been. Notwithstanding the change of locality—a change which we find does not have the unqualified approval of all Guy's men—the tickets have nearly all been taken up, and a large number of prominent Guy's men have signified their intention of being present. There is no reason why the Annual Dance, now that the step has been taken of holding it in a larger and more suitable dancing-hall than the historic Court Room, should not become a real social reunion of Guy's men and Guy's friends. If that happy realisation be achieved, the present Residents, to whom belong the credit of fixing upon the Cannon Street Hotel Ball Room, will have done a valuable service to all those who take an interest in, or are connected with, the hospital.

THE programme for the Challenge Football Cup-ties has been drawn up. The first match, which was to have been played between Westminster and Charing Cross Hospitals on Thursday last, had to be postponed owing to the state of the ground in consequence of the frost. On Tuesday next, climatic conditions permitting, London meets King's, while on Thursday, February 7th, St. Bart.'s is to oppose St. Mary's. The second round commences on Monday, February 11th, when St. Thomas's plays Guy's, the arena being, as in former years, the Richmond Athletic Ground. For the first time, we believe, the sporting press is paying special attention to Hospital football. In former years the majority of our sporting contemporaries granted only a brief quarter-column, or even less, to a report of a final cup-tie. Now things are changed. One of the leading journals has engaged the services of a special descriptive writer for the purposes of felicitously recording —let us hope—the successful struggle for the return of the cup to the smoking-room.

FOLLOWING Mr. Alcock, Mr. H. Lee has attained international honours in the football world, and we tender our congratulations accordingly. Mr. Lee, who has played in the first fifteen ever since his advent at the Hospital, and has also played for both Kent and Blackheath, was selected to play in the recent match of England v. France at Richmond. During the game he unfortunately sustained injuries which, though not serious in themselves, prevent him from taking a share in the match against Oxford, on Wednesday next, but it is hoped that he will be able to take part in the forthcoming Cup-ties.

WE are asked to draw attention to the fact that on next Wednesday, when Oxford University plays us at Honor Oak Park, a charge of one shilling will be made for places on the grand

stand. This small tax has been considered desirable in order to wipe off the debt incurred by the erection of the stand, and it is hoped that members and their friends will cordially co-operate in supporting the committee by securing seats on the stand for the match.

THE Grand Assault-at-Arms which was held in the Physiological Theatre last week, proved in every way a success. The credit for making it such belongs mainly to the energetic honorary secretary, whose indefatigable exertions merited the recognition they received at the conclusion of the programme. But Mr. Minett would not have made the evening so distinct a success, nor would the Honor Oak Park Cottage and the Children's Home have benefited to such an extent as we understand they have done, had it not been for the hearty help of the many who co-operated with him. To all these gentlemen a word of thanks is due for their efforts, which resulted in as fine an evening's entertainment as the Pavy Gymnasium has as yet produced. It may be that the programme was too elaborate, and that some items might with advantage have been deleted from it, but on the whole it was so well arranged, and so happily carried out, that the most carping critic could have little to say against it.

NOR must a word of appreciation be omitted to one excellent poster which was so prominently displayed in the colonnade to advertise the Assault. This work of art, designed by Mr. Wingent, represented a mounted soldier riding with lance atilt at a woebegone-looking sheep. The realism of the conception led, we are told, to an indignant remonstrance on the part of the physiologists, who protested against vivisection experiments being carried out in the theatre by mere non-com.'s not possessing a Home Office licence, but friction was averted by assuring the zealots that the sheep to be practised upon no longer came within the provisions of the Act. Mr. Wingent has been pressed into service very thoroughly during the Christmas festivities. His artistic help has been cheerfully given on every occasion, and there can be little doubt that his attractive and skilfully-designed posters contributed very largely to the success of the various entertainments and concerts.

SOME months ago a candid correspondent, from parts remote from this ancient Foundation, favoured us with a hint as to the desirability of chronicling the current items of hospital gossip and of describing the most recent structural alterations which have taken place. We plead guilty this time to having shamefully ignored the existence of the new electric power lift in the medical buildings. For the last three months it has been in more or less full working order, proving a great convenience to all who have occasion to visit the higher-lying wards. Its usefulness was demonstrated to the full during the Christmas festivities, and unlike the lift on the surgical side, it never showed any inclination to go on strike or refuse to ascend or descend. A further addition which is deserving mention is the new outside fire staircase which is now in course of erection on the St. Thomas's Street side of Hunt's building. The need for such a convenience is so obvious that one wonders how it is that this new staircase has only been commenced just now. The stairway facing Newcomen Street is quite ancient, though to most of us it is comparatively unknown (even though from its top platform one obtains the finest view of South London, looking towards Lambeth side, that can be gazed at from any vantage point this side of the bridges), and though hitherto it has fortunately never been used as an emergency exit, its usefulness in case of such an emergency arising can scarcely be overestimated. The new stairway, situated as it is at the far end of the female wards, provides another emergency exit, and another point from which the curious may have a bird's-eye view of the district.

WE would remind our readers that the subscription of twelve shillings and sixpence to the Clubs' Union for the GAZETTE and REPORTS fell due on the 1st instant. The subscription to the GAZETTE alone, seven shillings and sixpence, is also due, and cheques and postal orders should be made payable to Mr. C. H. Wells, Guy's Hospital, and forwarded as soon as possible. An index and a title-page for the volume just completed have been prepared, and may be obtained from the librarian. Subscribers can now have their sets of the GAZETTE bound for one shilling and sixpence a volume by leaving them with the librarian. The binding is in two shades of blue cloth—navy blue or a lighter tint—with the arms of the Hospital in gold.

To the fortunate student who has just succeeded in "satisfying the examiners" in his final, there is, perhaps, no subject of greater interest than the mysteries of "private practice." None of us, it may safely be asserted, ever launch

upon that sea of troubles of which the G.P. has to tell so much without serious misgivings and grave apprehension as to our legitimate possibilities and limitations. The average student, when he first ventures upon a *locum*, knows as little about his general, as apart from his clinical, professional obligations as the rope jumpers at the court of Lilliput knew of dancing the can-can. It is a subject, this matter of private practice—its etiquette, its details, its ethics, and its drawbacks—which, from its very nature, cannot be taught in a Hospital Medical School. Its code must be learned outside, but at the same time it is possible that something at least of it may be taught the student before he is actually brought face to face with some of its problems or encounters one or other of its difficulties.

IN our correspondence columns an enquiring reader pleads for a slight measure of such preliminary instructions, and his appeal is one which we heartily endorse and commend to the sympathetic consideration of such of our G.P. readers as are willing to act as Palinurus in this subject. A series of articles such as our correspondent suggests will doubtless prove not only of interest, but of real service to newly-qualified men, and we shall be sincerely grateful to anyone possessing the necessary experience—and, let us add, the necessary courage to state things plainly—who will favour the GAZETTE with notes, or, if we may be permitted to hope for so much, a couple of articles on the subject. We make this appeal to old Guy's men in general practice, fully conscious that we are asking busy men to undertake a thankless and possibly an uncongenial task, but fully assured that they will not be averse to giving some of us the benefit of their experience.

WE have been asked to draw the attention of the authorities to the attempt to establish a soap trust in the College. It is alleged that the sins of those who are responsible for this pernicious endeavour surpass by far the faults of the Lever combination against which the press so lately protested. Not only has the quality of the soap served out in the lavatories deteriorated—so it is said by those who are experts on the subtle distinction between old brown Windsor, Calvert's carbolic and Wright's coal tar—but the quantity has been sadly below requirements. After five o'clock wet towels and scraps of attenuated soap cakes are the rule in both the smoking-room and the College lavatories, and at dinner time the observant student of human nature and facial expression who chances to be in the lavatory, may listen to language the caloric of which is greater than the hot water supplied, and see more physiognomic "shades of disgust" than Lavater figures. Soap is cheap enough to be supplied in quantities sufficient to meet the demand, without breaking the Clubs' Union treasury—even if it should be necessary to follow the lead of Harrod's Stores, and chain the cake to the wash basin.

ANOTHER complaint is the delay in fixing up the telephone. That such an instrument was necessary and desirable was unanimously decided at the last General Meeting of the Club. Since then, however, nothing further has been heard about the matter. Raw haste may be half sister to delay, but in the matter of the Club telephone, members will not mind at all if the authorities make an attempt to prove that they are hastening a little more quickly. It would at any rate show that they have not lost sight of the matter.

THE Pupils' Physical Society meets this evening at eight o'clock in the Library. Mr. C. Greene will be in the chair, and a Paper will be read by Mr. Laidlaw on "Subnormal Temperatures."

From the Gazette's Special Pathologist.

V. J. H., WESTCLIFF-ON-SEA.—Reaction, acid; sp. gr. 1021. Albumen, a trace; blood vide infra; Sugar absent. Microscopical examination of the centrifugalised deposit. The deposit contains much mucin, a distinct excess of urinary cells, principally vesical, some large calcium oxalate crystals, and an occasional red blood disc. Pus is absent, and no tube casts have been found. It is quite possible that the passage of the crystals may account for the pain, and for the presence of one or two red blood discs in the urine.

E. R. M., HASTINGS.—Tubercle bacilli are present in moderate numbers in this specimen.

A. R., EASTBOURNE.—This blood-tinged sputum contained a little muco-pus, but no tubercle bacilli were found.

PATHOLOGIST.

Papers by Guy's Men.

On White-wine Whey in Infant Feeding. By Bernard E. Myers, M.D. Edin., M.R.C.S., L.R.C.P. Lond., and George F. Still, M.D. Cantab., F.R.C.P. Lond.—*The Lancet*, 12th January, 1907.

The "Bryant" Fund.

The Secretary wishes to announce the following subscriptions received, in addition to those already published in the GAZETTE :—

	£	s.	d.
L. A. Dunn, Esq.	31	10	0
Dr. Wm. Bligh	26	5	0
R. Wynne Rouw, Esq....	26	5	0
Dr. P. H. Pye-Smith	25	0	0
C. H. Fagge, Esq.	20	0	0
Harry Cooper, Esq.	15	15	0
Sir Cooper Perry	10	10	0
Dr. W. H. Fisher	10	10	0
Percy Warner, Esq.	10	10	0
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Dr. H. M. Stewart	1	1	0
C. W. Greene, Esq.	0	10	6
W. B. Secretan, Esq.	0	10	6

*Subscriptions payable in three annual instalments

THOS. G. STEVENS, Hon. Sec.

Clinical Notes.

The Cerebral Histology and Bacteriology of Chorea Gravidarum.

There are not many records of the cerebral bacteriology of chorea. The following case may therefore be of interest :—

Rose D., aged 21, was admitted into Esther ward, under the care of Sir Cooper Perry, on January 4th, 1906. She was then pregnant for the first time. Her mother had heart disease, but the patient herself had had neither acute rheumatism nor chorea before, and her heart sounds were natural. In November, 1905, twitching began in her fingers, and rapidly spread increasing in severity, so that a fortnight later she had to stop work. She was attended by Dr. Johnson, of Islington, who kept her in bed for six weeks, and prescribed arsenic and salicylates. The choreic movements grew worse rather than better; Dr. Johnson, therefore, sent her to the hospital.

On admission the movements were very violent, so that the patient could not speak nor feed herself. On January 6th the violence of her jerks and twists threw her out of bed, though the sides were padded. On January 15th bed sores were developing, chloroform was required to control the movements, and removal to the strong room became necessary. It was decided to evacuate the uterus, and on January 16th, under chloroform, the os uteri was rapidly dilated and the fœtus, two inches long, removed. For two days afterwards the chorea was perhaps slightly less severe, but the pulse rate was 160 per minute, and the patient's temperature was raised. On January 20th the movements and delirium were as bad as ever, and on January 21st the patient was extraordinarily violent until she sank into coma and died. Just before death the rectal temperature was 106·8° F.

A discussion upon the induction of abortion or premature labour in these patients, and also upon the general prognosis and the significance of pyrexia in cases of chorea gravidarum, may be found in *The Practitioner* for August last, and need not be repeated here.

The autopsy showed acute inflammation of the mitral valve, with a continuous row of minute granulations exactly like those seen in acute rheumatic endocarditis. The uterus seemed healthy in every way. There was recent pleurisy together with early broncho-pneumonia, such as is produced by inhalation of food particles. The brain, to the naked eye, looked healthy, as did all the other organs.

Dr. Poynton very kindly undertook the microscopical examination of the brain and heart. With Dr. G. Gordon Holmes he is collecting several cases of the same kind for publication in *The Lancet*. He has courteously allowed some notes of what he found to appear here.

The sections of the brain and meninges showed general vascular engorgement, with a few recent thrombi. Around the latter the tissues were swollen and slightly

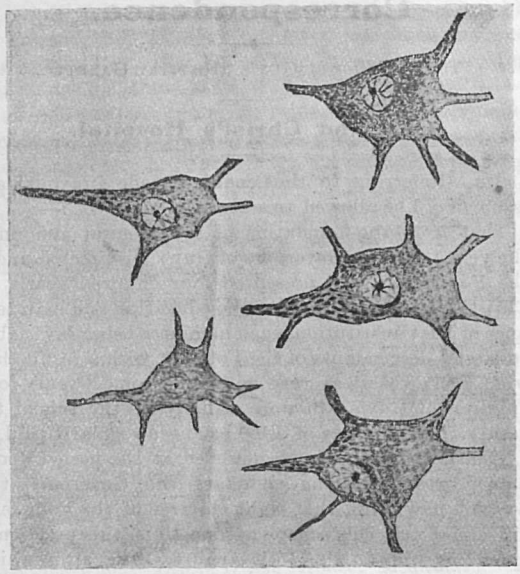

FIG. 1.—Two large pyramidal cells and three Betz cells from the precentral convolution, showing various degrees of chromatolysis.

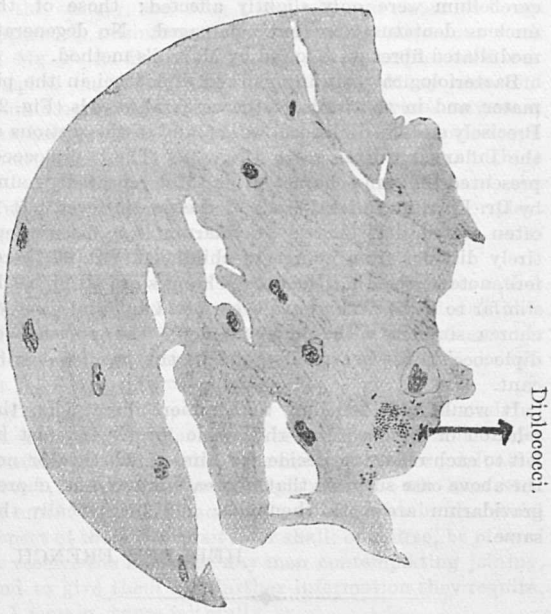

FIG. 3.—Showing the presence of diplococci in the diseased heart valve.

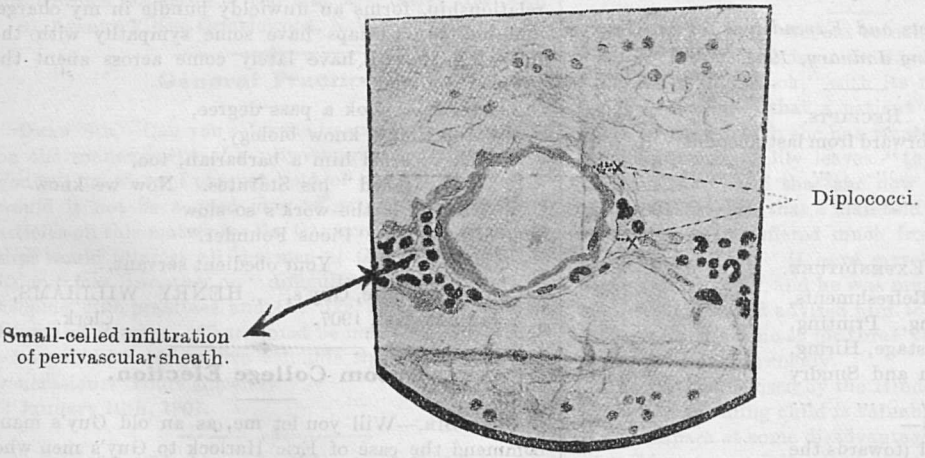

FIG. 2.—From the cerebral cortex, showing the presence of diplococci in, and cell-infiltration of, the adventitial sheath of a vessel.

necrotic. There was some perivascular exudation of leucocytes, but this did not reach a high degree.

The nerve cells showed much and general change (Fig. 1). In scarcely one of the cortical cells were the Nissl bodies natural. The cells stained diffusely, or even uniformly in some instances, and they were generally darker than normal. The nuclei were definitely enlarged, especially in the case of the large pyramidal cells, and in the Betz cells; but the nuclear chromation remained, as a rule, easily visible in a pale ground and apparently unaltered. In other cells the nuclei were small or deformed, or stained very deeply. No pathological changes were found in the nucleoli. Some of the nerve cells were considerably swollen; those of the corpus striatum and optic thalamus were affected in the same way; the motor nuclei in the pons and medulla had undergone less change. The cells of the sensory nuclei were affected in high degree. The Purkinje cells of the

cerebellum were only slightly affected; those of the nucleus dentatus were more damaged. No degenerate medullated fibres were found by Marchi's method.

Bacteriological staining showed diplococci in the pia mater, and in the walls of the cerebral vessels (Fig. 2). Precisely similar diplococci were found in the sections of the inflamed mitral valve (Fig. 3). These diplococci presented the same characters as those repeatedly found by Dr. Poynton in fatal cases of rheumatic fever. It is often stated that chorea gravidarum is a disease entirely distinct from chorea of childhood. It is, therefore, noteworthy that the above changes are all precisely similar to those which have been found in fatal cases of chorea simplex without pregnancy. The presence of diplococci in the heart valve and in the brain is significant.

It would take too long to comment here upon the relation of diplococci to rheumatic fever. It must be left to each reader to decide for himself whether or not the above case suggests that chorea simplex and chorea gravidarum are both rheumatic and intrinsically the same.

HERBERT FRENCH.

Guy's Hospital Children's Christmas Tea Fund.

Statement of Receipts and Expenditure for the Year ending January, 1907.

RECEIPTS.	£	s.	d.
To Balance brought forward from last Account	8	5	10
„ Subscriptions	97	15	0
	106	0	10

EXPENDITURE.	£	s.	d.	£	s.	d.
By Cost of Tea, Refreshments, Toys, Clothing, Printing, Stationery, Postage, Hiring, Cinematograph and Sundry Expenses				60	15	2
„ Special Donations—						
Guy's Hospital (towards the support of a Cot)	20	0	0			
The Haven	15	0	0			
Out-Patient Visitor... ...	3	0	0			
				38	0	0
„ Balance carried forward to next year				7	5	8
				£106	0	10

Examined and found correct,

CHAS. W. WELLS.

January 21st, 1907.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

Guy and Christ's Hospital.

SIR,—Referring to the enquiry made in your last issue, may I be allowed to state as follows, viz.:—

That from the foundation of the hospital and until the year 1890, the Governors of Guy's, as directed under the Founder's Will, presented four children yearly to Christ's Hospital to receive the education and maintenance of that institution, such nominees being invariably collateral descendants of the Founder, with a result that from a six years' average residence some twenty-four children of Guy's kin were usually in the school together. The annuity of £400 has been regularly paid.

Legislative enactments, however, at the period above named, restricted the rights of the Governors, the position now being that eight children of the Founder's kin can be in the school at one time, this preference extending only to the 15th August, 1910, after which date Guy's relations will have no further preference, the Governors being then at liberty to present who they please, if eligible for admission to the school.

Your correspondent may like to know that the list of applicants, all Guy's kin, together with their proof of relationship, forms an unwieldy bundle in my charge and he may perhaps have some sympathy with the following lines I have lately come across anent the "Pious Founder":—

He only took a pass degree,
And didn't know biology.
They called him a barbarian, too,
And "faked" his Statutes. Now we know
How it is the work's so slow
To find a "Pious Founder."

Your obedient servant,

Counting House, Guy's, January 21st, 1907. HENRY WILLIAMS, Clerk.

Epsom College Election.

DEAR SIR,—Will you let me, as an old Guy's man, commend the case of Eric Harlock to Guy's men who have votes for Epsom College. The mother of this boy was a nurse at our old hospital, and on this ground, as well as on the merits of the case, I would beg their assistance.—Yours faithfully,

SHIRLEY F. MURPHY.

9, Bentinck Terrace, Regent's Park, N.W.
January 19th, 1907.

June Election, 1907. The first and only chance. To the Governors and Subscribers of the Epsom College.—Your vote and interest are earnestly solicited for Eric Donald Harlock, aged 10 years last March, 1906. He is

the youngest son of the late Harry Harlock, Esq., M.R.C.S., L.R.C.P.Lond. (University Coll. Hosp. Lond.), of Summersdale Lodge, Chichester, who died on February 6th, 1905, after but a few days' illness, leaving his widow and three sons, aged 10, 13 and 16, with less than £40 per annum. The widow started a Nursing Home at Margate, hoping thereby to provide means for the education of her three boys, but died on June 27th, 1906, after a very painful illness. Friends have been trying to maintain the Nursing Home, but so far without success, as the receipts have fallen far short of the expenditure.

The Case is strongly recommended by:—*Sir Victor Horsley, F.R.C.S., 25, Cavendish Square, W.; Sir John Tweedy, F.R.C.S., 100, Harley Street, W.; *Sir Shirley F. Murphy, 9, Bentick Terrace, Regent's Park, N.W.; Dr. J. Rose Bradford, 8, Manchester Square, W.; *Dr. J. Norwood Brown, 92, Finchley Road, N.W.; Ernest H. Buckell, Esq., West Pallant House, Chichester; *A. S. Bostock, Esq., North Pallant, Chichester; Rev. Chancellor Davey, J.P., Cawley Priory, Chichester; *F. Skaife, Esq., North Street House, Chichester; *Dr. Arthur Rowe, 2, Price's Avenue, Margate; *C. Eastwick-Field, Esq., Hurst House, Midhurst; *F. Edward Pearse, Esq., The Lindens, Ripley, Surrey; *Cyril Wace, Esq., F.R.C.S., Walcote, Winchester; *H. E. Giffard, Esq., Denham House, Egham, Surrey.

**By whom Proxies will be gratefully received; also by* Basil Brown (Executor of the late Mrs. Harry Harlock), 20, Avenue Villas, Cricklewood, N.W.

General Practice.

DEAR SIR,—Can you refer me to any articles or books on the management of a private practice? If so, will you tell me where I can get hold of them? But if not, would it not be a good idea to get a series of short articles on this matter for the GAZETTE? It is a subject that would interest all the men at Guy's. One might be on "fees," another on "difficulties," others on book-keeping, club practices and the like, and apply to both town and country. There must be many old Guy's men who would be able to give valuable tips to the younger generation.—Yours sincerely, F. A. B.

January 10th, 1907.

London University Musical Society.

DEAR SIR,—Will you allow me, through your courtesy, to draw the attention of all Guy's men to the fact that the London University now possesses a Musical Society? The possibility of forming such a society was broached by several Guy's students four years ago. Now it is in actual being. It was started in October, 1905, and terminated its first season with a successful concert. This season it is stronger, and should do well. We possess many singers and instrumentalists at Guy's, but I find the utmost difficulty in getting men to join. There seems to be a general ignorance of the existence of the society, and even those who are aware of it are apparently misinformed, in spite of the strenuous work of Mr. F. A. Barker, who last season represented our hospital on the society's committee. Many men find stumbling-blocks in the long list of illustrious names at the head of the society, in the large subscription, and their belief that there is a test examination. There is no test. The society trusts the students of the University, and is glad of any men who can sing or play. It is not a society for professional musicians; it is essentially an amateur society.

Though I am bound to admit the fee appears rather high, it is not so in reality, when the educational value of the practices is considered. Moreover, each member of the society is entitled by his fee to two reserved seats at the concert.

The society is open to all students who are studying at recognised schools of the University, and is not confined to those who have matriculated or graduated. May I, then, appeal to all Guy's men who are interested in music to join this society, and so assist in the social aspect of their University. I shall, of course, be pleased to receive the names of any men contemplating joining, and to give them any further information they require.—I remain, yours faithfully,

Guy's Hospital, J. A. BALLBROOK.

January 10th, 1007.

An Old Recipe Book.

DEAR SIR,—By a curious coincidence, very soon after reading in your last issue D. S.'s charming effusion on "An old Recipe Book," with its many useful hints, I received the news that a patient of mine has recently had a whitlow which she has treated for a fortnight by the application of lily leaves, "top side to heal, under side to draw," and that she now has a stiff finger. I was reminded, too, that a man told me only a month ago that formerly he suffered much from sciatica. "Physicians were in vain" (I have myself only lived in these parts a short time), and he was much incommoded, until an aged lady friend advised him to place sulphur in his socks. He has done so for three years and has not had a twinge of his old enemy.

The method devised by the Hindoo lady of forecasting the sex of a coming child is valuable, but seems to place the primipara at some disadvantage, whilst in the matter of "Feet—to wash," one presumes that it is in one's immediate family circle that "the neglect of washing the feet is often visited by a quarrelsome temper and other bodily complaints."—I am, yours faithfully,

Weymouth, T. D. MANNING.

January 17th, 1907.

P.S.—The modern treatment of tubercular mischief seems to some extent foreshadowed in the following—An aged man once told me that at the age of thirty the official family adviser told him that he was "in consumption," and gave but a gloomy prognosis. Following, however, unofficial advice, he took to drinking on an

empty stomach, every morning, a wineglassful of that physiological fluid which contained most of his own nitrogenous waste. By perseverance he overcame the vomiting which was at first induced, and at the end of six weeks was completely cured—as he deserved.

T. D. M.

A Query.

DEAR SIR,—Were the intervals in the Residents' Theatricals really so short that the dramatic critic had not time to notice the truly excellent programme design so kindly contributed by Mr. Wingent?—I am, dear Sir, yours, etc.,

G.

Appointments.

Medical School Appointments.

The following appointments have been made by the Treasurer upon the recommendation of the Medical Council:—

Clinical Assistants in the Medical Wards.—Messrs. J. L. Rankine (Dr. Taylor), C. F. L. Leipoldt (Dr. Hale White), H. J. Henderson (Dr. Pitt), St. J. A. M. Tolhurst (Sir C. Perry).

Clinical Assistant to Drs. Shaw and Beddard: Mr. J. T. Smalley.

Ophthalmic Dressers.—Messrs. T. N. Wood, H. B. Carlyll (February 1st, Mr. Eason), M. D. Price (February 1st, Mr. Ormond), S. K. Poole (March 16th, Mr. Ormond).

Surgeons' Dressers.—Messrs. T. Evans, J. F. Young, G. F. Syms, H. C. Lucey, E. R. Stone (Mr. Golding-Bird); R. P. M. Roberts, J. Walker, A. N. Leeming, H. B. Carter, F. J. Cutler (Mr. Symonds); C. H. Mills, M. E. Ball, J. B. Dunning, P. V. G. Pedrick, E. P. L. Hughes (Mr. Lane); L. T. Dean, F. J. Wheeler, E. L. M. Lobb. C. S. E. Wright, F. J. Kolaporewalla (Mr. Dunn).

Obstetric Dressers.—Messrs. C. H. Marshall, W. W. Cook, E. Abdy Collins (Dr. Horrocks); H. Stott, C. E. Price, J. N. Watson (Mr. Targett, March–April).

Pathological Assistant to Surgical Registrar.—Mr. C. A. L. Mayer.

Externs.—Messrs. C. G. Douglas, R. G. Chase, H. Stott, C. E. Price, H. E. Perkins (February); M. K. Nelson, F. Hogarth, R. C. V. Edsall, W. G. Pinching, L. T. Baker (March); H. I. Shahin, B. H. Palmer, A. W. Ewing (April).

Pass List.

SECOND CONJOINT EXAMINATION, JANUARY, 1907.—W. T. Clarke, F. Kahlenberg, D. A. Mitchell.

FIRST CONJOINT EXAMINATION, JANUARY, 1907. PART IV., PRACTICAL PHARMACY.—A. Davidson, G. F. Syms.

Guy's Physiological Society.

AN ordinary meeting of this society was held on Monday, December 17th, when a paper was read by Mr. R. P. Ballard on the "Physiological Aspects of the Modern System of Education." The prevalent custom of commencing the education of children at a very early age was condemned, as being detrimental to their physical and mental health. The naturally active and inquiring mind of a child is sufficiently occupied in gaining a thorough understanding of its surroundings, and any additional work put upon it will only serve to overtax its energies and hinder this natural process of education.

In higher education, specialization to a certain extent was recognised as being essential. But the modern tendency is to carry it too far, which, apart from the fact that the general education must necessarily suffer, had resulted in unsound methods of teaching, which, in conjunction with the increasing demands made upon the individual by competition, lead to overstraining and one-sided development of the intellect. And to these causes are attributable the increase of insanity and nervous diseases of the present period.

It was pointed out that the increasing amount of attention paid to the intellectual side of the education of women was followed, as a natural consequence, by a tendency for them to encroach on the sphere of men's activities, whilst neglecting their own duties. To illustrate this, the displacement of male workers by women, and the ignorance of the present-day mother on the subject of the care of infants, were brought forward as examples.

Arguments were put forward against the compulsory education of children. It was advocated that, instead of giving free education to all children of the poorer classes, it should be given only to those who showed aptitude for it, and that in their cases it should be carried to a higher standard than is done at present.

W. L. HIBBERT, Hon. Sec. and Treas.

Pupils' Physical Society.

A CLINICAL evening was held in the Wills Library on January 12th, Mr. Cooper in the chair. Considerable discussion followed over each case, especially over that of a painless abdominal tumour in the epigastrium, apparently cystic, and of rapid growth; this case has subsequently been operated on, and was found to be pancreatic.

Abdominal tumour.	Mr. Chase.
Ulceration of hand ? tuberculous.	"
Hodgkin's disease.	Mr. Purdom.
Rickets; well-marked coxa vara.	"
Sarcoma on leg.	Mr. Layton.
Osteoarthritis in a man of 22.	Mr. St. John.

On the Surgical Treatment of certain Paralyses of the Arm in Children.

CLINICAL LECTURE BY MR. C. H. FAGGE.

GENTLEMEN,—The three cases which form the subject of my remarks to-day have certain features in common, though they are not all due to the same cause, and the results of operation on them were by no means equally satisfactory. I think we may profitably discuss them together with a view to arriving at some of the indications for and limitations of surgery in this class of case.

The notes are briefly as follows:—

1. John S., æt. 4 years, was admitted into the Evelina, under my care, in September, 1904. He is a very healthy, plump-looking boy, but he cannot abduct his left arm, nor can he raise this hand to his head without support from the right hand; flexion and extension at the shoulder joint are fair, and when patient is told to raise his left hand, he does it in the flexed and adducted position. There is marked wasting of the muscles around the left shoulder joint, affecting the deltoid and spinati chiefly, and the left biceps is considerably smaller than that of the right side. The head of the left humerus is normally retained in apposition with the glenoid cavity. The movements of the forearm and hand are apparently normal, and there is no shortening; sensation over the whole upper extremity seems normal. The left arm lies naturally by his side, but the forearm and the hand are pronated, so that the palm looks backwards and outwards.

The loss of power in the left arm was noticed by his parents soon after his birth, and though the notes make no remark on the subject, I believe I am right in saying that the child was born by a breech presentation after an easy labour. He was brought to my Out-patients when two years old, and was treated by massage and electricity for about eighteen months. His mother was most exemplary in her attendances for treatment, with, however, no benefit to the movements of the child's arm.

The examination of the electrical reactions, carried out at the Evelina and kindly confirmed here at Guy's by the late Dr. Bryant, showed weakness of the deltoid, spinati, latissimus dorsi and serratus magnus. Faradic reaction was diminished in these muscles and also in the pectorals, biceps and supinator longus.

On September 15th, 1904, I made an incision over the posterior border of the lower half of the left sterno-mastoid, and eventually exposed the outer border of the scalenus anticus and defined the phrenic nerve, passing downwards and inwards on the anterior surface of this muscle. By further dissection the anterior primary divisions of the 5th, 6th and 7th cervical nerves were clearly exposed, when it was immediately remarked that the tissues around the 5th and 6th, just as they joined to form the upper trunk of the brachial plexus, were very dense. This scar-tissue was dissected away and a marked constriction in both nerves was seen, though the 5th nerve was much more narrowed than the 6th.

When the 5th, 6th and 7th were well exposed, each was in turn laid upon an insulating vulcanite spatula and stimulated with electrodes by a weak Faradic current; as a result of stimulation of the 5th nerve the deltoid contracted fairly strongly, and there was also contraction of the biceps and pectorals; while stimulation of the 6th produced a slight twitch in the supinator longus and a marked movement of the deltoid, pectoralis major and latissimus dorsi. As Dr. Wilfred Harris, who was good enough to be present, agreed with me that there was normal nerve tissue in both trunks, the scar tissue and the fibrous sheaths of the nerves at the level of the constriction were carefully dissected away and the wound was sutured up under a collodion dressing. Primary union resulted, and the immediate effect was to slightly impair the movements of the left arm, due no doubt to manipulation of the nerves.

Electrical treatment was continued during the child's stay in hospital for several weeks, when the notes say that improvement is noticed daily, so that on his discharge the power in this arm was about the same as before the operation. From this time the movements have gradually improved, so that now (December, 1906) he can support the weight of the left forearm and hand by the muscles of the arm, and can place his left hand on his head, while the size and tone of the shoulder muscles has considerably altered for the better. Abduction is still incomplete and is less forcible than on the right side.

2. Wm. S., æt. 3, when one year old, fell on his outstretched right arm, after which this arm always hung loose; there was no pain. Since the accident the parents have not noticed any change in the arm either for the better or for the worse.

There is much wasting of the muscles around the right shoulder, and both to Faradism and galvanism there is no response of the deltoid, biceps and coraco-brachialis, and a feeble or doubtful response of the spinati and subscapularis.

As the diagnosis between injury to the upper trunk of the brachial plexus and infantile paralysis was difficult, it was decided to expose the 5th, 6th and 7th cervical nerves, which was done on March 23rd, 1905.

Through a similar incision as in the first case these nerves were exposed, insulated and excited; all the muscles reacted to a similar degree, though rather feebly. It was clear that each contained a certain amount of active nerve tissue, so that nothing could be gained by division of one or more nerves and suture of the cut peripheral end into a sound trunk. There was no evidence of any injury to that part of the plexus which was exposed, and the wound was therefore closed. Since then a prolonged course of massage and electrical treatment has failed to effect any marked improvement in the movements of the arm, which must no doubt be regarded as affected by infantile paralysis, and not by the accident, as suggested by the history.

3. Queenie B., æt. 3, had an attack of vomiting lasting two or three days, when eighteen months old. Some days afterwards it was noticed that the upper part of the right arm was paralysed. Soon after this she was brought to my Out-patients and electrical treatment was advised and carried out for a short period.

She came under my observation again as an in-patient in May, 1905, when the following notes were made :—The circumference of the right arm is much less than that of the left, which seems to be due to wasting of the deltoid, biceps and triceps. The head of the right humerus can easily be pulled away from the glenoid cavity to the extent of more than one inch, and can be displaced upwards beneath the clavicle or below the glenoid cavity. The child cannot raise her arm from the side.

Under chloroform, the reaction of all the muscles was found to be normal, except that there was complete absence of reaction to Faradism in the deltoid and supra-spinatus and very slight reaction in the biceps and supinator longus and brevis. The reactions to galvanism were similar.

Under chloroform an incision behind and parallel with the posterior border of the lower half of the left sterno-mastoid was made, and carried down to the omohyoid, which was retracted. The 5th, 6th and 7th cervical nerves as they enter the brachial plexus were exposed and cleaned. They were then in turn placed upon an insulating spatula and stimulated with the Faradic current. At first the 5th nerve failed to respond, but with a stronger current gave a feeble contraction of the biceps; stimulation of the 6th gave a diffused, rather feeble contraction of the biceps, brachialis articus and probably of other muscles; and stimulation of the 7th gave a strong contraction of the triceps and of many of the muscles in the forearm. It was then thought that the anterior cornual cells belonging to the 5th cervical segment—and those of the 6th segment to a less degree—had been affected by the attack of infantile paralysis in infancy, and that the 5th nerve contained few, if any, normal fibres: this view was shared by Dr. Wilfred Harris, who again was present and kindly gave me his assistance in interpreting the results of stimulating the cervical nerves.

I therefore divided the 5th nerve as high as possible, yet below its branch to the phrenic, and sutured the distal cut end into a longitudinal cut made in the sheath of the 7th cervical nerve.

Recovery from the operation was uneventful, and section of the 5th nerve was not followed by any obvious increase in the paralysis. Electrical treatment and massage were carried out until the patient's discharge, but the operation has had little effect in increasing the power of the arm, which still remains almost useless, and as the shoulder-joint is so unstable that it affords no point d'appui for the quite useful elbow, forearm and hand, I am now considering whether arthrodesis of the shoulder should be carried out so as to give her a fixed shoulder, and therefore possibly a more useful limb.

Having now given the details of these three cases, let us work backwards a little and examine the methods by which a diagnosis was arrived at in these cases, and try to form some estimate of how far and in what kind of case surgery holds out any help in treatment.

On first examining a weak wasted arm in a child, one must exclude injury to the upper epiphysis of the humerus, fractured clavicle or tuberculous shoulder, and having decided that the condition is due to paralysis, one must determine to which of the following causes it is due :—

1. Cerebral hemiplegia; spastic; congenital or infantile.

2. Infantile paralysis, *i.e.*, paralysis following an attack of acute anterior poliomyelitis.

3. Birth palsy of the upper arm, described by Duchenne in 1872, of the same type as that described by Erb in adults.

4. Progressive neural muscular atrophy.

5. Myopathic paralysis—

a. Progressive atrophy, without or with involvement of the face (the latter of the Landouzy-Déjérine type).

b. Pseudo-hypertrophic progressive muscular atrophy, with enlargement of the calf muscles.

We can almost at once exclude 4 and 5 as being the condition of those children whose notes I have read, for my cases were all localised paralyses, did not progress, and affected quite a different batch of muscles, *i.e.*, did not affect the muscles of the hand or those connecting the scapula with the trunk, which are usually the first picked out by myopathic or progressive neural paralyses.

Nor is it difficult to exclude (1). The characteristics of cerebral hemiplegia in children, probably due to cortical sclerosis, are, according to Osler's able article on the subject, a sudden hemiplegia following convulsions and loss of consciousness; from this the leg, if affected, often recovers. Up to this point the clinical history fits in fairly well with my second and third cases, if we can assume that the cortical area for the leg had escaped; but with cerebral hemiplegia other symptoms, conclusive from a diagnostic point of view are present, viz., rigidity and athetosis, and though the paralysis is most marked in the upper arm, the elbow is flexed, the hand is flexed, and the fingers are contracted; also the patients are often mentally defective. I have now under my care at the Evelina a typical specimen of this disease, whose arm shows the usual posture, with slight rigidity, while the leg, though short, has recovered, leaving the foot in a position of talipes equinus, which was easily corrected by division of the Tendo Achillis.

The nature of the onset and the result of electrical stimulation under an anæsthetic strongly suggest that the second and third cases were both due to an attack of infantile paralysis, involving the 5th and 6th cervical segments.

The facts that in the first case the trouble dates from birth, the localisation of the affection to the muscles around the shoulder, and, lastly, the typical position of the hand owing to pronation of the forearm, at once led to the view that this case came under the third heading as one of Duchenne's birth palsy.

Let me remind you that this is a description of a paralysis in a newly-born baby affecting the deltoid, supra and infraspinatus and the biceps, and possibly the supinator longus and brachialis anticus, which waste, and, when electrically tested, give a typical reaction of degeneration.

As described by Duchenne, it was regarded as due to rupture during delivery of the 5th and 6th cervical nerves, as they join to form the upper trunk of the brachial plexus.

Recently Dr. W. Harris, in a paper in the *Journal of Anatomy and Physiology*, 1904, p. 399, has expressed the view that in one of the two usual forms of the brachial plexus all the above muscles may be innervated by the 5th cervical nerve alone, and he therefore urges that in Duchenne's paralysis the 5th nerve may be, and in fact usually is, alone affected.

I believe it was at first held that the nerve-trunks were injured by compression between the bony margins of the vertebræ as they emerge from the spinal canal, owing to forced flexion of the head and neck *towards* the affected shoulder, but the constant involvement of the nerves forming the upper trunk of the brachial plexus, which by their more vertical course in the posterior triangle would be first and to a greater extent influenced by stretching this side of the neck, lend strong support to the view that the nerve injury is due to forced lateral flexion of the neck *away from* the affected arm during birth; such extreme flexion, though perhaps more likely to occur in the delivery of a breech presentation, may also result in the normal head-first presentations.

It is interesting to note that these nerves are, as Kennedy (*Brit. Med. Journ.*, 1903) points out, usually injured just above the point at which the 5th and 6th unite to form the upper trunk of the plexus, as at this point the nerves have emerged from the under-surface of the scalenus anticus, and are therefore easily accessible.

Kennedy (*Brit. Med. Journ.*, 1904) quoted five cases of Duchenne's palsy in which he had operated. As the routine procedure he advises free resection of the bulbous ends of the nerves, as unless healthy nerve fibres are brought together, complete regeneration does not result. This was my intention when I began the operation in the first case, but the nerves were found not to be torn across, and the considerable extent of the recovery of power in the arm confirms our view that free

removal of the compressing scar-tissue would be sufficient. If the nerves are resected, care must be taken that not only their distal ends passing to the outer and posterior cords are accurately sutured to the proximal ends, but that such suturing includes divided branches coming off at the level of the rupture, such as the suprascapular nerve.

The division of the 5th nerve and its suture nto the healthy undivided 7th cervical nerve raises a number of interesting questions on the subject of nerve regeneration. Many operators confirm the evidence obtained from animal experiments that recovery follows in the power of a nerve to transmit motor and sensory impulses, when after division its distal end is sutured into the sheath of a healthy undivided nerve, the sheath of which is nicked longitudinally to allow of close suturing. Yet how this result ensues it is at present impossible to say, though it seems certain from experimental evidence that a new growth of nerve fibres takes place downwards from the cord towards the periphery and not in the opposite direction, which would seem at first sight to be the more obvious explanation of the process.

I have not yet had occasion to adopt this method of nerve-grafting in a case of birth palsy, and the result in the case of infantile paralysis (No. 3) was not good, but in some cases of facial paralysis, treated by grafting the damaged nerve into the hypoglossal, my results, with those of Kennedy, Ballance and others, have convinced me that the operation of nerve-grafting is physiologically sound.

I have little time to discuss the limitations of operations in birth palsy or infantile paralysis, and in fact we are as yet much in the dark about the selection of cases.

Kennedy recommends that cases of birth palsy, failing to improve in two or three months under massage, should be subjected to operation. At the same time it must be recognised that many cases of slight injury at birth get quite well under massage and electricity, though improvement may be unnoticeable for several months.

I feel sure that my first case was undertaken too late, and the opinion is generally held that the completeness of recovery is inversely proportionate to the time which elapses between the injury and operation. This is also confirmed by the results of suture of cut peripheral nerves, *e.g.*, median and ulnar. On the other hand, there seems, with one proviso, no time limit beyond which nerve suture will cease to procure at least a partial return of muscular power. But the proviso is important, and it is this, that the muscles affected still retain excitability to galvanism. I have now under observation a case of old facial paralysis (non-operative) in whom, on account of absolute failure of response of the facial muscles to all forms of electrical stimulation, I determined not to undertake nerve grafting of the facial into the hypoglossal.

Recovery, as would be expected, is slow, and no change is usually seen until six months after operation, when power gradually begins to return. Progress is slower and less complete in those cases in which operation has been long delayed.

I feel that this is scarcely a lecture, as there are so many points connected with the very interesting question of nerve-suture on which I can give no information, and further you will appreciate that, though the heading suggests a review of all the different surgical methods available in treating such paralytic deformities, I have only dealt with one, and have entirely omitted tendon grafting or arthrodesis, which, as a fact, are more limited in their use in the upper than in the lower extremity.

Annual Display and Assault-at-Arms.

ON Friday evening, January 18th, the Physiological Theatre, but lately recovered from the effects of the Residents' Theatricals, was the scene of another entertainment, for on that day there took place the Annual Display and Assault-at-Arms in connection with th Pavy Gymnasium.

Mr. Minett, most enthusiatic of honorary secretaries, had, in the matter of the fare placed before his audience, surpassed all his previous efiorts, and this is no small praise. Amateur boxing champions of all weights and years were as plentiful as the proverbial blackberry. Handcuff tricks, sword exercises, feats of swordsmanship and bouts of foiling helped to swell a programme which lasted without intermission for nearly three hours.

Before any detailed account of their doings is given, we should like to thank all the performers of the evening for what they did; more especially, perhaps, the professionals, who nearly all generously gave their services without recompense.

Among the large audience, Dr. Taylor, Dr. Pitt and Dr. French represented the senior staff, while the junior staff appeared almost to a man. Many of the fair sex, including a contingent of nurses, were also present, and they showed no lack of appreciation for the many strenuous exhibitions of boxing. The gallery was

occupied by local patrons of the sport, who attended in large numbers to urge on their competing friends and assist the charitable objects of the entertainment.

A little after half-past seven, Mr. Hughes opened the proceedings by telling the audience that encores would be impossible, owing to the length of the programme, and immediately afterwards three N.C.O.'s of the Horse Guards went through the graceful evolutions of their sword exercise. They were somewhat hampered by lack of space, but still looked sufficiently effective to cause some of the boxing competitors in the front row to retire to a less vulnerable position.

Next came a bout of foiling, in which Mr. R. M. P. Willoughby opposed Mr. M. S. Krauss, both being members of the Sword Club. It was preceded by the Grand Salute, which occupied about four minutes, and thoroughly deserved its name. Mr. Krauss showed more supple wrist-play than his opponent, and was several hits ahead before the bout concluded.

This was followed by a three-round exhibition contest of boxing between Messrs. R. A. Sparks and Harold West, both of the Belsize B.C. The first two rounds were marred by too much clinching, and Sparks, though lacking in reach, proved the cleverer in close fighting. The third round was the best of the three. West, using his reach, did more leading, and planted some good blows on his opponent's face.

The fourth item was a similar bout between Mr. F. J. King, the Polytechnic middle-weight champion, and Professor Charlie Wilson. The latter, though smaller, was splendidly built, and in the first round proved quicker in his movements, and got home several times. In the second round the amateur found the mark oftener, but his blows lacked strength, while the third round was slower, and honours were fairly easy.

Five.—E. Mann, hon. instructor at Guy's, and middle-weight champion of 1900, 1902 and 1904, opposed Mr. King's late opponent. In the first round, Mann was much quicker than the professional, who seemed to feel the effect of his previous bout, and had difficulty in avoiding punishment. In the second round the latter made several good rushes, and sometimes got home, though he was generally compelled to maintain the defensive. The third round was fought faster, and saw the professional's rushes more successful at first, but towards the end Mann, fighting most strongly, did most of the work, and the round closed with him attacking amid the thunderous applause of an appreciative audience.

The next bout proved even more interesting, for here Dr. A. Allport, late of Guy's, and an Inter-Hospital heavy-weight champion, opposed Mr. W. G. Ross, the amateur middle-weight champion of 1896. At first Allport made the most of his superior height and strength, and though a little slower, did most of the attacking. The second round showed a regular ding-dong struggle, with Ross getting in most of the hits, while in the last the men were going as hard as ever, and honours were about easy.

Fully a minute later, when the applause had subsided, Corporal-Major Eggleton, of the Royal Horse Guards, winner of the Australian Commonwealth Gold Medal, opposed Corporal-Major Elliott, of the 2nd Life Guards, Army and Navy Champion of 1905. In a bout of six minutes Eggleton was seen to greater advantage, and his opponent was driven to cry the majority of "touches."

Number eight. Messrs. Felix Grarè and Hill had an epée bout. This was a particularly clever and graceful match, their sword-play at close quarters being wonderfully good. Especially fine was the exhibition after Mr. Minett had called "last hit," and Mons. Grarè, who had already run up a lead, again registered a touch.

Nine. Here C. Gibbs opposed F. Grace, both of the Eton Mission B.C. Grace was giving something away both in size and weight, but knew more of the game than his opponent, and pressed in the first round. In the second round again Gibbs was hard put to it to avoid punishment, whilst in the third, though he did more attacking, Grace repeatedly avoided his rushes. It was a very clever exhibition of boxing.

Here a brief interval announced the arrival of the chairman, Dr. Pavy, who was duly installed in the chair. Then two Polytechnic men, Messrs. Brewer and Parks, the latter the amateur heavy-weight champion of 1899, 1901, 1902, 1905 and 1906, boxed three rounds. A slogging first round saw Brewer with a slight advantage, and, quicker in his hitting, was still the more aggressive in the second, but in the third Parkes showed his capacity for straight hitting and cleverness in avoiding punishment, and had rather the better of the closing stage.

Eleven. R. C. Warnes, Hon. Assistant Instructor, Guy's B.C. and Surrey Docks B.C., amateur middle-weight champion of 1899, 1901 and 1903, opposed E. Mann, who had appeared previously. As might be expected from two middle-weight champions, a vigorous bout was the result. In the first round honours were fairly easy, in the second Mann made most of the running, whilst the third round, very vigorously contested, yielded no decided advantage to either side. This match also proved an especially popular one with the audience.

Next appeared Messrs. R. S. Wright North and T. H. Pentony, of the Belsize B.C., who provided a good middle-weight exhibition. Pentony had an advantage in reach and was rather cleverer than his opponent. He secured a slight advantage early on, got in some fine face hits in the second round, and towards the end, when the going was slower, considerably troubled his stalwart opponent's defence.

Messrs. A. Moss and T. Bowdery, of the Lynn B.C., as the miller and the sweep, next presented a most amusing study in black and white, and the colours were soon so mixed that each had to dip his gloves again at the end of the first round. One more round was fought, and then, as each boxer seemed to have compromised in grey, time was called.

Turn number fourteen was provided by the Handcuff King. His inquiry of the audience as to whether they had any handcuffs on them was oddly enough answered in the negative, but Inspector Bruce, a local guardian of the peace, stepped into the breach with the regulation implements. These he placed on the regal wrists, and the king then retired into a cabinet, which had previously been explored by the officer, to emerge in thirty-five seconds with the cuffs removed. His hands were then manacled behind his back, and in this position took fifty seconds to undo. The handcuff king, palpably dejected at our lack of preparation for him, then produced one of the famous figure-of-eight cuffs, which was first tested by Inspector Bruce, and then adjusted so that the performer could not touch either wrist with the opposite hand. Encouraged, however, by Mr. K. H. Hole's offices at the piano, the handcuff king was free once more in one minute thirty-five seconds. The performance closed with a veritable ogre of handcuffs, locks and chains. Feet, neck and arms were secured in divers and uncomfortable postures, and four different systems of lock were included in the outfit. Shortly before four minutes had elapsed, however, the handcuff ing emerged triumphant. As an acknowledgment of the enthusiastic applause, he showed us "how it was done," but his two-second method was more extraordinary than educational.

He was followed at half-past nine by Corporal Major Eggleton, who performed some feats of swordsmanship. As the Corporal's trained weight was 17 stone 2 pounds, and he was armed with a sword whose edge a razor might have envied, the marvellous nature of his feats could be imagined. He commenced by cutting a piece of note-paper in two, then he cut it in three, and then severed in one blow a bar of lead an inch thick. His next feat was to cut in two a leather glove bent over his blade, and then by an upward tap an apple was divided inside a handkerchief without leaving a mark on the latter. Subsequently he divided an apple on Mr. R. G. Oram's hand, and then the Matron very kindly allowed Nurse Archbold to emulate Mr. Oram. Among his later feats were the severing of a broomstick suspended by two loops of brown paper, without tearing the paper, and slicing a sheep in half at a single blow.

Next came a display of sword exercise by N.C.O.'s of the 3rd Life Guards, who delighted the audience by the precision and exactitude of their movements. Sergeant Gilbert, the instructor at the Pavy Gymnasium, followed, and accompanied by the well-known choristers' waltz, went through some graceful and complex club swinging movements.

The next few items were boxing exhibitions. First Mr. M. Wells, of the Lynn B.C., amateur light weight champion of 1904, 1905 and 1906, opposed Professor Chris. Clark. The first and second rounds were marred by frequent fighting in holds, in which Clark exhibited good judgment, but Wells forced the pace in the third round, and his superior hitting power gave him rather the advantage.

The twentieth turn was a hard-hitting bout between H. Perrey (Columbia B.C.), bantam light-weight champion, and H. Dryden, Lynn B.C., one having the advantage in cleverness and quickness, the other in strength. In the last round neither showed the least inclination to avoid punishment, and honours remained fairly easy after a lot of hard hitting on either side.

The Polytechnic and Lynn Clubs each furnished another champion in the next pair, H. Holmes of the former club being the feather-weight of 1905, and J. Ringer of the latter, the bantam weight of 1906. Holmes, with a straighter style than his opponent, did most of the leading, and gave more than he got in the first two rounds. In the third less hitting was done, but both men still scored freely, and the bout proved an excellent and quick-footed exhibition of boxing.

Then Mr. W. Webb, of the Middlesex School of Arms, amateur bantam-weight champion of 1905, opposed Mr. T. Morgan, of the Lynn B.C., winner of the German Open Competition. At first Webb, better built though smaller, made the best of his powers of straight hitting, and getting in some good body blows did most of the leading. In the second round Morgan went stronger and tried to make use of his height, but he found Webb's defence strong and his blows lacked the force of his opponent's. Morgan got in the best blow of the fight soon after this and led throughout the third round, when the hitting was very hard and clean. The pair had given perhaps the most interesting boxing exhibition of the evening.

Two foilers, in the persons of Mr. G. F. Haycraft, o this hospital, winner of the United Hospitals' foils and singlesticks, and Mons. Vergine, of M. Felix Graré's School of Arms, were the next to show their skill. Vergine held a slight advantage throughout, and was about a couple of hits ahead when the bout ended.

Mr. G. Doyne, of Trinity College, Oxford, next opposed Mr. M. S. Krauss, who had appeared previously in a foiling bout. The latter's more direct style and superior delicacy of wrist gave him a decided advantage over his opponent, and he had established a commanding lead at the end of about ten minutes.

In the last two exhibitions the boxers again held the field. First, Mr. C. Morris, of the Polytechnic, amateur feather-weight champion of 1901, opposed Professor Lilley. In the first round the professional did most of the attacking, but could not elude some of Morris's round-arm hitting, which several times landed flush on his face. The second round was much the same. The professor was still getting more than he gave, though he exhibited considerable cleverness at close quarters. The third round was characterised by much indiscriminte straight hitting, which was equally shared.

And in the twenty-sixth and final turn, Mr. E. A. Fearman, of the Lynn B.C., boxed three rounds with Professor Dan Murphy. Fearman was rather the quicker of the two, but the professor was the harder hitter, and in the second round landed some fine body

blows. The third round concluded a good exhibition, and saw Fearman getting home more than once.

At the close of the programme a speech was made by the chairman. Dr. Pavy invited the audience, if they would, to regard his speech as an extra turn, but he was sure they would feel it was necessary, and would like to express their appreciation of the exhibition of the arts of self-defence, boxing and fencing, put before them. They had seen men knocking one another about in a scientific way, which must be of interest to those engaged in pursuits which, though different, were also scientific. They might have learnt something useful from the handcuff king, they had seen feats of swordsmanship extraordinary, and it was only right that they should know that all the performers had given their services practically without charge. He was sure that the audience were grateful, and in their expressions of gratitude there was one person they must not lose sight of: he referred to Mr. Minett, who for some years past had carried on the athletics of the gymnasium—he scarcely liked to call it by its name, the Pavy Gymnasium—with immense success. Mr. Minett had had a master-hand in the organization and arrangement of the performances, and while he himself and all the audience tendered their hearty thanks to the performers, they ought also to express their deep appreciation of Mr. Minett.

This the audience enthusiastically did, and in response to a call for a speech, Mr. Minett said that he hoped the length of the programme had not made it tedious. It was difficult for a gymnastic entertainment to be interesting, but he hoped that this one had proved so. He referred to the continued generosity of Dr. Pavy, the founder of the gymnasium, without whose assistance this branch of athletics could not have been maintained. He would like the audience to pay a hearty vote of thanks to the gentlemen who had performed.

Whereon the audience applauded vigorously, and with three final cheers for Dr. Pavy, the performance concluded at about a quarter to eleven.

The military and several of the performers were afterwards entertained to supper by the committee in the College dining hall, Mr. E. C. Hughes being in the chair.

The proceeds of the evening will be handed over to the Cottage at Honor Oak Park and the Children's Home, after paying expenses. B.

Change of Address.

Dr. W. Cock, from 147, Queen's Road, Peckham, S.E., to Hazeldene, Salcombe, S. Devon.

Dr. A. E. Larking, from 4, London Road, Folkestone, to 15, Castle Street, Buckingham. ("Folkestone" was omitted in the previous notice.)

(The Editor will be very glad to receive a postcard with notes of any change of address.)

Glimpses of American Surgery.*

THERE are some people who deem it imperative that they should publish their "impressions" as soon as they have safely returned from a tour in foreign parts, or a visit to some interesting or uninteresting place. It was the obsession of Mr. Fudge, immortalised by Moore, who felt a bounden duty to write

> Not a tale, a romance—
> Oh, ye gods, would it were! but—his travels in France.

And since his time thousands of people, equally unfitted for the task of literary diarising, have persuaded some unlucky publisher to venture upon their exhaustive note-books. Rare, indeed, is it to light upon one of these impression studies which is worth reading for its own sake or purchase for the sake of the information it furnishes, and it is therefore a pleasant task when a reviewer is able to say a word of cordial praise in favour of one of the species.

Mr. Hamilton Whiteford went to America to attend the meeting of the British Medical Association in Toronto last year. During his visit he made good use of his many opportunities for study and observation, and the results of his garnering are published in a little cloth-covered volume that is well worth the slight trouble of reading. It is crammed with interesting bits which will bear repetition, but the booklet is so cheap and so readable that it would be unfair to the author and publisher to do more than refer, very briefly, to one or two of the more striking points. Mr. Whiteford was highly impressed with the excellent aseptic preliminaries to every operation. He was equally impressed with the "strenuousness" of the teaching staff at the various hospitals, remarking that every surgeon "keeps up a running commentary on the case on which he is operating."

This is what he found with reference to the education of the laity in the essential elementary facts of medicine and surgery:

> "In Chicago the Medical Society, which includes almost every medical man in the city and district, has undertaken to instruct the public in essential elementary facts of medicine and surgery. Free lectures are delivered to the public by men of recognised eminence in their respective lines of

*Glimpses of American Surgery in 1906. By C. Hamilton Whiteford, M.R.C.S., L.R.C.P. (London, Harrison & Sons.) 2s. net.

practice, including in the syllabus such subjects as the early signs and symptoms of cancer. . . One result of this dissemination of knowledge is that actions for malpraxis, which formerly were frequent, have, since the inauguration of this education crusade, become almost unknown."

Here in England, with the possible exception of the Gresham Foundation Lectures, which are usually well attended, and which doubtless serve a very good purpose, there are no clinical lectures to laymen, and it is possible that if we followed the American system of educating the public we might hear less of medical and surgical absurdities in the lay press.

On purely technical points, such as treatment and post-operative hygiene, Mr. Whiteford gives some useful and instructive gleanings. Thus in septic peritonitis he found that "in all the clinics the surgeons were unanimously agreed on the improved percentage of recoveries since the adoption of the plan of propping the patient up in bed, with suprapubic drainage and the slow continuous installation of warm saline solution into the rectum, . . The rule is in such operations,'Get in quick . . . and get out quicker.'" The vessel containing the saline is raised only four or five inches above the level of the arms, and the flow of liquid is regulated to a steady drip of drops. Many pints are absorbed in the course of twenty-four hours, and thirst is relieved; the kidneys secrete freely, and peritoneal fluid gravitates into the pelvis, from which it escapes by the suprapubic opening."

"This is a complete reversal of the time-honoured plan of elevating the foot of the bed and removing the pillows, which allowed infected fluids to settle in the upper abdomen where the peritoneum is less powerful, merely favouring the passage of the infective material through the diaphragm, with the production of septic pneumonia."

"For shock, saline solution is administered per rectum, rarely subcutaneously." At the Rochester hospitals "no hypodermic of strychnine has been given during the last ten years."

"In empyema two drains are carried through the cavity, one or more ribs resected behind, and an opening made between the ribs in front."

"Cancer of the stomach has no place in a medical ward," he was told, "and the application of fancy therapeutics—the nose and throat business—to the stomach are fraudulent and useless." "Resection of ovary is foolish, does no good, and often results in a painful stump. Be as conservative as possible, but either leave the ovary alone or remove it entirely. Do not 'monkey' with it!"

With the exception of a few very distinctly American phrases—of which the last sentence quoted above may serve as a fine example—and some obvious punctuation errors, the booklet is well written and will repay perusal. It is so interesting, and shows so fully that its author possesses the talent of sympathetic observation and intelligent appreciation, that we, for one, look forward to reading some more important work from Mr. Whiteford's pen.

Guy's Hospital Debating Society.

A MEETING of the Debating Society was held in the Smoking-room on Saturday evening, January 19th, at eight o'clock, with Dr. M. S. Pembrey in the chair. The motion before the assembly was "That this House views with alarm the continued attempts on the part of the State to pauperise the lower classes." There was a very fair attendance present when

Mr. J. H. RYFFEL opened the debate, and referred to the iniquities of the Unemployed Act. This had been passed by the Government as a permanent statute after the war, in consequence of the large numbers of unemployed, whereas it should only have been a temporary measure. In consequence of its enaction, unnecessary work was provided for these men, and public money was directly wasted by overpaying the workers. It thus paid men to be among the "unemployed." Municipal employment had the same disadvantages. Friends of members were employed and given work at thirty shillings a week—that is, above the normal rate. The administration of workhouses was also faulty. These buildings, whose inception dated from Elizabeth's time, were ordained for the poor and needy; now their inmates turned up their noses at New Zealand mutton. Mr. Ryffel drew attention to the parallelism between Mr. Crooks' administration at Poplar and the rise in expense and number of paupers there. These men cost 14s. 6d. per week—too high a sum, though he admitted that in public institutions money was easily wasted. The Employers' Liability Act pauperised people, because it led to the old not being employed. The employers would, very rightly, not run the risk. He told a pathetic story about a so-called Indian from South America. The people were also being pauperised by Free Education, and lately a further step was being made in this direction by the suggestion of free meals for the children. The tendency of modern times was to relieve the poor man from taxation, which was now levied almost entirely at the

expense of the rich. The poor were only liable for rates and indirect taxation. The reason for this policy was that the poor now had votes, and were consequently worth placating, but the hon. member maintained that their suffrage was not deserved, owing to their ignorance. They believed in imaginary persons called capitalists, whose wealth they wished to share. He had had opportunities lately of classifying society in the Borough, and found many were casual waterside labourers, and must necessarily be often unemployed. The birth-rate among the poor was high—(delight of the chairman)—and the various forms of State subsidy made the parents unconcerned about their offspring. The children learnt unsuitable things in Government schools, and then were not assisted when they left school. Measures that gave the children a start in life would be wiser in every way. A last factor in pauperisation was enunciated by the hon. member, though it was difficult to know what it had to do with the State. This was the selfishness of Capital. Employers wanted too large a rate of interest. Luxury was increasing, and was not good for trade, and the new Tubes, he sadly but somewhat inconsequently added, could not pay more than four per cent. He hoped he had shown that the State was tending to pauperise the people, and had indicated measures tending more to their prosperity than unprofitable municipal work.

Mr. F. COOK, the opposer, said that Mr. Ryffel was not really alarmed—he only pretended to be. Even if his multitudinous statements were all true, there would be no cause for worry, for not more than five per cent. of his remarks had anything to do with the motion. The Unemployed Act was a necessity. Municipal workers were not paupers; they were as good as any other workmen. The reason there had lately been more paupers in Poplar was not Mr. Crooks, but the South African War. Ill-fed or well-fed, paupers were paupers. The Employers' Liability Act had nothing to do with paupers. The proposer, he said, had strayed sadly from the point. The State did not disburse charity or produce children. Free education was necessary, and selected scholars were given a start in life by scholarships and other means. Almost all the distribution of free food was by charitable societies. All the State had to deal with were those who could not, or would not, work. Both classes had to be helped because it was difficult to differentiate them. He was sure that a gentleman of the Chairman's kindness of heart would sooner help when it was unnecessary than not help when it was. He would like to tell the hon. proposer what paupers were. They were those who relied only on the State, and those who had out-door relief. The latter was a good class, and should be augmented at the expense of the first. He would like to see Government subsidies go further, and all young people taught a trade. This was done in Germany; hence the German prosperity. A government oblivious of the needs of the poor would soon be overthrown by revolution; it had been done before.

Mr. W. H. TALFORD JONES seconded the proposal, and Mr. M. SCOTT seconded the opposition. The subject was then thrown open to debate, and after a few minutes

Mr. A. S. M. PALMER rose. He had promised to oppose the motion, but, like Balaam of old, his conscience compelled him to bless it. He was sure the State pauperised the people. The fad of to-day was pandering to the poor. There was no need for free food; poor children were overfed, or more often badly fed; seldom starved. Why encourage people to get out of work? Why interfere with the nobility of labour? The unemployed problem was artificial in that we were encouraging the casual worker. He would like to go back to the enactment of 1834, by which only the really destitute were helped. Such a measure, if well administered, was the best. A workhouse to-day was a home from home, and out-door relief daily increasing, thus encouraging the able-bodied pauper. He told a beautiful and allegorical story of Smith and Brown. Let us return to the old law, and thus teach the people self-reliance.

Mr. T. T. O'CALLAGHAN trod much of the now well-worn path again. People would not work if they could get in a workhouse, and the tramp inmate corrupted the others. The only objection the poor had to the workhouse was the necessary bath. Free education deposed parental responsibility; the high birth-rate was a menace, for State-aided children grow up into State-aided men.

Mr. C. D. KILLPACK said, without personal knowledge, that life on out-door relief was misery. He opposed the last speaker's finale. The most prosperous Canadian emigrants were workhouse children. Poplar was not a fair example of Government institution—it was the most luxurious of all. In spite of these objections, he would like to support the motion.

Dr. PEMBREY then vacated the chair, and delivered a characteristic speech against the motion. He knew the hon. proposer was not alarmed, but merely scientifically interested. The poor were entitled to live in any way they could; this was a right we could not deny them. Workhouses did not provide drink, they opposed it, because only moderate drinking could go on within their walls. The drunkard would be unhappy and out of his element there. The sobriety of paupers was reflected in their low death-rate. The high birth-rate was excellent, and population was wealth. We must pay the lower classes to propagate the race, as the upper classes would not do it. The hon. member commented on the occasional blessings of ignorance. How could he see eye to eye with the aqueous humour of Mr. O'Callaghan? The poor only disliked baths because they were modest! Trades unions again! How dared anyone in the Medical Profession talk about trades unions? We were the best organized of all of them, when the College of Physicians legislated the fee and the General Medical Council diagnosed the blackleg. The working-man paid rates over and over again. Compared with their lack of security and accommodation their rents were colossal. As to free education, all classes had it, and the middle and upper classes had seized on scholarships and exhibitions primarily ordained for the poor. If the State pauperised

any class, it was the upper, by the giving of Civil list pensions, etc. He had no doubt that the House would vote against the motion.

Mr. T. B. LAYTON intimated that the remarks of the honourable and physiological member ought to be taken with a little normal saline. Surely people who produced children ought to keep them, and trades unions should not be placed above the law. Scholarships did go to many people who could not go to the Universities without them, and if they were awarded to the poorest, they were too small in value to be useful.

Mr. H. W. HEASMAN did not want to see the people educated at all.

Mr. E. L. MARTYN LOBB said that the short-sighted policy of the Government gave considerable cause for alarm.

Mr. G. F. STEBBING drew a touching picture of the lot of the poor without public support. The child, unloved and uncared for, save by his injudicious mother, would degenerate into a criminal. When out of prison, his uneducated condition would make him unfit for work. There would be no infirmary for him to die in, no burial board to care for his body; he would lie and stink in the street, an advertisement of national policy.

Mr. A. M. HENRY harked back to a statement made by the hon. opposer that luxury did not help trade. He drew an agreeable picture of what would happen if the chairman took him out to dinner. The cab, the driver—the speaker reiterated the latter word, recognising its extreme importance—the tip to the waiter, etc., would all be luxuries, but the money would go into deserving channels. The chairman, however, uncertain apparently whether the dinner would, remained mute.

Mr. D. A. MITCHELL said he had recently read an account of the proceedings of the Royal Commission on Race Deterioration, and found their only recommendations involved further pauperising methods.

Mr. C. W. GREENE said that the proposers, and those who spoke on their side, had only referred to injudicious relief. Workhouses were not popular; people dreaded all such institutions because they involved disenfranchisement of their inmates. Relief was not distributed comfortably. He drew a harrowing picture of the way the verminous were treated. In answer to one of the chairman's points, he said that Civil Service pensions were only deferred pay, and that consequently the remuneration of posts under Government was so small that even a man who had spent four years at Cambridge to qualify himself for such an appointment, was long debarred from matrimony by poverty.

Mr. F. COOK summed up his case in a speech even more sweeping and terse than his first one. Most people who had opposed him had been off the point. Mr. Palmer had drawn a harrowing picture, but he had supported when he had promised to oppose. The opinion of a renegade was valueless. Mr. O'Callaghan had compared ordinary poor people with paupers. The birth-rate would not go down if workhouses were abolished. Mr. Killpack had only spoken for the sake of speaking; he should think (which soft impeachment Mr. Killpack denied). He had relied on physiological support, for everyone knew that physiologists were the only people who had any morals. Mr. Lobb had drawn a picture of the lazy, but had seen nothing of the needy poor. Mr. Heasman had spoken some time without enlightening the audience at all. Mr. Mitchell's reading on Deterioration had infected his own mind. He (Mr. Cook) thought the more the State did the better, and reiterated his feeling that the House should decide against the motion.

Mr. J. H. RYFFEL, summing-up in support of the proposal, said a large birth-rate was not a national asset if quality diminished. With the present pauperisation there was no survival of the fittest; the State supported all alike. He himself had the interests of the working-classes at heart, and hence hated to see them on the rates.

Whereon, shortly before ten, a House of twenty-nine divided, and the Chairman voting against the motion, it was carried by 16 votes to 14, a majority of 2.

Mr. J. H. RYFFEL then shortly proposed a hearty vote of thanks to the Chairman, and emphasized the debt the Society owed him for coming so far on a foggy night, and the meeting terminated with the customary coffee and biscuits, the latter not so plentiful as usual.

B.

Reviews.

The price of books submitted for review should in every case be stated.

Pulmonary Phthisis. By H. Hyslop Thomson, M.D. Pp. vi. and 188. (John Bale, Sons & Danielsson, Ltd.) 5s. net.

This is a well-written and most readable book on an important subject, for which the author uses the tautological name *Pulmonary Phthisis*. Dr. Thomson was for five years Superintendent of the Consumption Sanatorium at Bridge-of-Weir, and, though such a period is of course too short to justify the use of dogmatic statements, it lends importance to any new points which may appear in the book.

The first section is entirely concerned with the diagnosis of phthisis, which is becoming more and more important, and has now to be made much earlier in the disease than was formerly thought necessary On page 4 we are glad to see some remarks on the difference between the physical signs at the right and left apex respectively in normal lungs—a difference which is most important, and yet is very rarely alluded to in the ordinary text-books. The use of tuberculin is advised for diagnostic purposes in obscure cases, and, though opsonins do not occur in the index, they are shortly referred to in the text. We are told that "in the majority of cases a well-marked anæmia in a young male is due to phthisis."

In the next section on Prognosis the author's own observations are more evident, one being that increase

in the *weight* of the expectoration is a bad sign, as is also the presence of tubercle bacilli in *large* numbers. An attack of hæmoptysis is often preceded by a gradual increase in the general arterial tension, especially just before or during menstruation.

Treatment is discussed in the third section and appears to contain nothing very new. Dr. Thomson has great faith in calcium chloride for the treatment of hæmoptysis, and continues giving calcium in the food after the attack has ceased. The instructions to be given to Sanatorium patients are unintentionally amusing: "Anything approaching argument or boisterous mirth during the hours of walking is to be deprecated."

Tuberculosis in Childhood forms the subject of the last section, and some useful appendices end a book which, though unimportant, will be very useful to the general practitioner.

Auscultation and Percussion. By Samuel Gee, M.D. Fifth edition, pp. xviii. and 325. (Smith, Elder & Co.) 6s.

It is thirteen years since the last edition of this work was published, and it is to be hoped that this fresh issue will bring it more prominently before medical students, as a better book on the physical signs of the chest could not be desired. Here one finds every normal and abnormal physical sign shortly described and discussed, some attention being given to everybody's pet theory.

The book is divided into two parts, of which the first and longer discusses each physical sign, what it is, how it is produced, and what pathological or physiological condition it indicates. In the second part of the book a short summary is given of the various physical signs which may be expected in each disease. Technical words are explained, and used as far as possible in their original meanings, while the introduction of new words is avoided, as confusion of terms is the cause of most of the difficulty in teaching physical signs.

To Laennec the work is dedicated, and the influence of his writings is visible throughout the volume; we are surprised to learn that one of the characters he assigned to pectoriloquy is that it is audible only over a very small area of the chest.

The Golden Rules of Medical Evidence. By Stanley R. Atkinson. Pp. 63. (J. Wright & Co.) 1s.

This sixteenth number of a well-known series is by the Honorary Secretary of the London Medico-Legal Society, who is of course an excellent authority on the subject. Reading the book makes us wish that Dr. Atkinson would give us a larger work on the same lines, as we can so thoroughly recommend this small work.

Lectures on Massage and Electricity. By Thomas S. Dowse, M.D. Sixth edition, pp. xii. and 447. (John Wright & Co.) 7s. 6d. net.

The popularity of this work is to be gauged by the fact that a sixth edition has been found necessary to satisfy the requirements of medical readers. A series of lectures, first delivered some years ago, and recently revised and brought up to date, provides interesting and very easy reading on two important subjects. Dr. Dowse was a pioneer in the introduction of massage to medicine, and consequently, when he delivered these lectures, he found it necessary to utter many pleas for the study of his favourite subject. These pleas are set out at great length in the lectures, and might now have been omitted with advantage; massage, properly used, needs no justification nowadays from the pens of its exponents. Moreover, the style of the lectures is rather prolix and conversational, which, though annoying in a text-book, lends itself, perhaps, to easier reading, in spite of the numerous repetitions of which the author is guilty.

An excellent description of the Weir-Mitchell treatment is given, with its indications and limitations. Throughout the book more attention is given to medical than surgical affections, though massage has found its most splendid results in the latter rather than in the former. Only four pages are devoted to the treatment of fractures, and they are filled with quotations from the *Lancet*.

The lectures on electricity only occupy a quarter of the book, and an absurd effort is made to cram the subject of medical electricity into a hundred pages, in which much space is filled up by illustrations.

Aids to Medical Diagnosis. By Arthur Whiting, M.D. Pp. x. and 152. (Bailliére, Tindall & Cox.) 2s. 6d.

This is the latest addition to that well-known "Aids Series" which has proved such a boon to many a "chronic," and to those who like to take their knowledge in microscopical tabloid form. The book is largely a compilation, but that part, which has been written by Dr. Cuff, on infectious fevers is excellent and original—the results of his own experience, it contains quite the best short account of Koplik spots that we have seen. We note that Dr. Whiting introduces that confusing term "chronic rheumatism," and wrongly states that sarcoma of the kidney in adults is usually associated with hæmaturia.

Appointments.

Civil.

MARTIN, JAMES PIRIE, L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer for the Districts of Box and Colerne by the Chippenham (Wilts) Board of Guardians.

Naval.

The following appointments have been notified by the Admiralty:—Surgeon A. R. THOMAS, R.N., to the *Terrible;* Surgeon SIDNEY CRONEEN, R.N., to the *Cornwall:* Surgeon P. F. Minett, R.N., to the *Europa;* and Surgeon G. E. Duncan, R.N., to the Royal Naval Hospital, Plymouth.

Sport.

Rugby Football.

GUY'S HOSPITAL v. CATFORD BRIDGE.

The return match against Catford was played at Catford on Saturday, January 5th. Lee, Digby and Alcock were away from the Hospital team. The match, as usual, started late, several of the Guy's team strolling on to the ground ten minutes after the match was advertised to commence Guy's lost the toss and kicked off against the wind. The Hospital forwards took a long time to settle down, and Catford pressed for the first ten minutes, but the tackling of the outsides was very good, McEvedy and Jones being very prominent. The Guy's forwards, led by Saunders and Mullins, took the ball to the Catford twenty-five, where Jones got the ball from the scrum and ran right through the opposition and scored between the posts; Saunders converted. Guy's did most of the attacking till half-time, but the tackling of the Catford team was very good, and no further scoring took place.

The Hospital forwards started with a great deal of dash in the second half and took the ball to the Catford line, where they heeled out very smartly, and Monaghan was able to make several good openings, but McEvedy was inclined to hold on to the ball too long. Eventually he gave a good pass to Stringer, who scored in the corner. Monaghan fielded the ball from the kick-off and kicked across, McEvedy gathered it well and passed to Stringer, who just managed to get over in the far corner. The kick at goal was unsuccessful. Guy's still did all the pressing, and McEvedy scored another try which was a brilliant individual effort. Archer missed an easy kick at goal, and Guy's won by 1 goal 3 tries to nil.

Hockey Club.

GUY'S v. WOOLWICH GARRISON.

On Thursday, January 24th, the Hospital played Woolwich Garrison, and in spite of the frozen state of the ground, a game, fast, keenly contested and exciting for several reasons, resulted. After about ten minutes' play a mistake by the opposing goal-keeper left the goal at the mercy of Gibbons, and after another ten minutes the Garrison equalised. Shortly before half-time Gibbons again got through, and the sides crossed over with a score of 2 to 1 in favour of the Hospital. In the second half the play became of a scrappy, individual and uncertain nature, and the forwards especially were not seen to great advantage, though 3 more goals were obtained by Ticehurst, Dryland and Dick, the two former being rather scrappy, while Dick's was a particularly fine individual effort. The Garrison added 1 goal from a brilliant run by their centre forward, who all but scored on at least one other occasion, and the game ended with the score, Guy's 5; Woolwich Garrison 2.

The Hospital were not quite fully represented, Leckie, Archer and Davies being absent. Accurate hockey was out of the question owing to the state of the ground, but of the forwards Dick and Gibbons seem to have the makings of a good left wing. The versatile W. T. Clark appeared this time at half-back with some success, and Thompson at centre-half was extremely sound, and showed great improvement all round. Bromley was a great success at back, and though not often in difficulties, showed sound judgment. Duke was also good, but displayed a lamentable tendency to wander, which the extreme cold perhaps rendered venial for once. Moyle in goal and a great coat seemed to be quite in his old form. The game was not a fair test, but the team showed distinct promise, and the new blood should prove very valuable. Only one man was injured, and that was idiopathic. Team:—

GUY'S.—Moyle (goal); Bromley and Duke (backs); Kahlenberg, L. G. Thompson, W. T. Clark (halves); Brookhouse, Ticehurst, Dryland, Gibbons and Dick (forwards).

Papers by Guy's Men.

The Persistency of the Infection in Certain Cases of Scarlet Fever. By H. Poole Berry, M.B. Lond., M.R.C.S. Eng.—*Lancet*, 12th January, 1907.

A Fatal Case of Myxœdema with Changes in the Parathyroid Glands. By David Forsyth, M.D. Lond., M.R.C.P. Lond.—*Ibid.*, 19th January, 1907. (Illustrated.)

Some Mechanical Principles of Every-day Practice. By J. B. Parfitt, L.R.C.P. Lond., M.R.C.S., L.D.S. Eng.—*Transactions of the Odontological Society of Great Britain* for December, 1906.

The Early Recognition of Malignant Growths. By Frank T. Paul, F.R.C.S.—*The Liverpool Medico-Chirurgical Journal*, vol. xxvii., 1907.

Hæmatemesis in Gastric Ulcer and Chlorosis. By J. Geo. Taylor, M.A., M.D. Cantab., M.R.C.P. Lond.—*Ibid.*

BOOKS RECEIVED.—Budin's The Nursling, Journal of the Royal Army Medical Corps for January, 1907, The Hospital, The Clinical Journal, Journal of Pathology and Bacteriology, and The Journal of Anatomy and Physiology, The Bulletins of the Yellow Fever Institute and Hygienic Laboratory of the Public Health and Marine Hospital Service of the United States.

Birth.

CARPENTER.—On January 3rd, at St. John's House, Blackheath, the wife of Sidney M. Carpenter, L.D.S.R.C.S., of a daughter.

ED.—C. L. L.

GUY'S HOSPITAL GAZETTE.

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Passim.

THE Statistics for 1906, of which a copy has just reached us, furnish some interesting material for abstract speculation. The number of in-patients admitted during the year reached 7,946, as against 8,119 in 1905. Of these, 2,379 cases were medical and 5,567 surgical. In 1905 there were 2,644 medical and 5,475 surgical in-patients. During the same year there were 543 deaths on the medical side, and 249 on the surgical. Last year the number of deaths on the surgical side amounted to 251, those on the medical side being given as 483. It is not possible, from the abstract furnished, to be certain whether or not deaths on the medical side included deaths following surgical operations. The distinction between a "medical" and a "surgical" death is not of much importance, and the statistics, as they stand, do not give a fair idea of the relation of failure and success—even if fatality were a criterion of failure, or discharge from the ward a proof of success—between the medical and surgical sides. Nevertheless it would add to the interest of the statistics—we do not say to their value—if some idea were given the reader as to what really forms the basis of this classification. Some cases are admitted to, and operated on in, the medical wards whose real harbourage should have been the surgical side. On the other hand, death from purely "medical" diseases (the distinction is not ours, but apparently that of the statistician) is comparatively rare in the surgical wards. The demarcation between medical and surgical deaths is an arbitrary and unsatisfactory one, and "deaths following operation" and "deaths under medical treatment" would, we venture to suggest, be more accurate groupings.

FROM the statistics it appears that in 1905 there were 125 deaths due to accidents; last year there were only 87. This satisfactory decrease is not due to any decrease in the number of accident cases admitted (there being 91,062 casualty cases in 1906, as against 84,609 in the previous year), but its cause more probably lies in the greater percentage of accident cases operated upon or radically treated. There is a corresponding decrease in each yearly return, and, in view of the fact that the admissions for accidents do not decrease proportionately, one is face to face with this interesting question—"Is our treatment of accident cases improving every year, or are our admission cases relatively less serious than in former years?" It is an interesting question, and would yield an inter-

esting return if someone set himself to solve it by making use of the rich statistical material the Registrar and the Superintendent's offices afford.

The other returns are equally interesting, but may be dismissed with a few words. There is a slight—some people would say a significant—decrease in the number of maternity cases, and a slight increase in the number of dental patients. The dental returns are further of interest, showing as they do a marked and, perhaps, a disproportionate increase in the number of extractions under anæsthetics, accompanied, it would seem, with a greater decrease in the number of extractions without an anæsthetic. Here, again, there is the query, "Are we treating more serious dental cases than we used to do, or is the class of dental out-patients becoming more sensitive to pain?" There is, of course, a tendency on the part of the modern dentist to avail himself to the full of the advantages offered by anæsthesia, and few of us who have attended as dressers or anæsthetic clerks at dental out-patients will venture to assert that the dental house-surgeons give anæsthetics indiscriminately. At the same time the fact remains that far more extractions, in proportion to the total number of extractions, are done under an anæsthetic than used to be done in former years.

To-night, at 8 o'clock, the Physical Society holds its monthly pathological meeting in the Wills Library, Mr. Nicholson being in the chair. Of late the meetings of the Society have been poorly attended, and we would remind students of the value of attending, at least, the clinical and pathological evenings. The meetings are held for the purpose of discussion and elucidation of difficulties, and they afford excellent opportunities for students to thresh out puzzles which are met with in the wards or in the post-mortem room. When going round with the physician or surgeon, or listening to the demonstrator's remarks, most of us take what is given us, silently questioning, perhaps, but scarcely ever possessed with the courage of being openly sceptical. The "bane of authority," on which Carlyle laid stress, coupled with the disinclination to appear more than ordinarily foolish by asking questions which do not readily suggest an answer, deters most of us from taking full advantage of our ward excursions. But in the Physical Society it is different. We meet on a more or less even plane, and though the facets of the secretaries may gleam ever so much brighter than our own, their light, with all due respect be it said, is not blinding. To the enthusiastic student—and the majority of us are enthusiastic enough once we find out that enthusiasm is a valuable examination asset—the Society's meetings should prove highly attractive.

We would also call attention to the fact that the time is approaching for the essays for the Treasurer's Prize to be sent in for adjudication. The subject this year is "Pneumococcal Suppuration." It needs but a little thought to see how important and at the same time how excellent a subject this is. Not only does it offer a wide scope for independent reasoning, for original investigation, and for a novel classification, but it is a matter on which comparatively little has been written directly. Indirect references, of course, there are many. The literature of pneumonia and its complications is voluminous and weighty, and a good deal of it has emanated from Guy's, but there is undoubtedly room for an interesting and elucidative paper on pneumococcal suppuration. That is what is wanted, and the prize is open to all Guy's men, old or young, past or present. Full particulars are to be found posted up on the notice boards in the smoking-room, in the colonnade, and elsewhere.

On Saturday next, the 16th inst., the Debating Society has its annual Ladies' Night. We do not know if the subject for debate—"That this House is impressed with the truth of the statement that 'ignorance is bliss'"—was intentionally and deliberately chosen. If so, the ladies might have a good deal to say on the matter—and it is to be hoped they will say something—but at any rate it is a subject that should afford Mr. Orpen, who leads the motion, and Mr. Ewing, who follows in opposition,

abundant scope for trenchant and incisive eloquence. Dr. Savage will be in the chair, and the debate will be opened punctually at eight o'clock.

The Dental Society holds its Annual Dinner at the Trocadero Restaurant, on Saturday evening next, the 16th inst., at half-past six. The president, Mr. Dowsett, will occupy the chair. This annual dinner of the Society affords an excellent gathering-place for past and present dental men, and the secretary will be glad to hear from those who wish to attend. Tickets, 6s. 6d. each (exclusive of wine), may be obtained on application to the hon. secretary, Mr. R. J. Gibbings, Guy's Hospital, and we are requested to state that early application is desirable.

An interesting case has just been "sent to the debate roll" of the Scottish High Court for "discussion on relevancy." The plaintiff, or pursuer, as by Scotch law he is graphically and tersely described, a coachman, claims damages to the extent of £50, from Dr. Adam, medical officer of the Forres Leanchoil Hospital, in respect to the doctor's action in making "an illegal and unwarrantable post-mortem on the remains of the wife of the pursuer." The record, of which a full copy appears in the local paper, states five "condescendences" or grievances put forth by the plaintiff, and couched in the quaint terms of Caledonian legal phraseology. To these condescensions are attached the defendant's answers, some of which are terse and flatly contradictory. After reading through a column and a half of close print, one is able to summarise the case by stating that the defendant is alleged to have entered pursuer's house and made the post-mortem against the wishes of the husband. The coachman's lawyers, therefore, plead that "the pursuer having suffered loss, injury and damage to his feelings, he is entitled to solatium," while Dr. Adams contends (1) that the "pursuer's averments are irrelevant and insufficient to support the conclusions of the summons, and should not be submitted to probation," and (2) "these averments, so far as material, being unfounded in fact, the defender should be assoilzied." As pretty a case as Mr. Tulkinghorn could have wished for, and medical men should be interested in its developments!

The Annual Dance of the Residents, held this year in the Grand Hall, at the Cannon Street Hotel, proved a great success. Nearly everyone who took tickets—and we understand that more than 190 tickets were sold—turned up, and a most enjoyable evening was spent. The President of the Residents acted as Master of the Ceremonies, and was ably helped by the rest of the Residents, who acquited themselves admirably as stewards. A fair number of the members of the Staff attended the dance, but the nursing section was not in evidence, none of the sisters attending. The absence of the Nursing Staff was due, of course to the fact that the dance was held away from the Hospital. But it is to be hoped that in coming years the Matron may see her way clear to patronise the dance actively. Hitherto, the annual dance has owed a great deal of its success to the Nursing Staff, and however excellent the new arrangement of holding it in an outside hall may be, it will certainly not prove popular if it debars the sisters from participating in the function.

In every other way the dance passed off most successfully. How greatly the Cannon Street Hotel floor surpasses the Court Room it is somewhat difficult for one not an expert in the niceties of the corybantic art to judge, but there seems to be a general agreement among those who attended the dance that the Residents had done well in selecting so large and so comfortable a hall. Here and there one heard an expression of opinion to the effect that on future occasions a place somewhat nearer to the West End may be chosen, as the Cannon Street site is somewhat inconvenient for many.

Congratulations to Mr. G. Hamilton, who has just been appointed to fill the new post of second surgical registrar.

The response to our appeal for a series of articles on Private Practice has been most encouraging. Several old Guy's men, and other

practitioners, who, though not of our "club," yet apparently take in and read the GAZETTEE, have written expressing their willingness to contribute notes and articles. A few, indeed, have sent on their notes. To all these gentlemen we are cordially grateful. It is more than encouraging to find that a suggestion thrown out at random has been so hospitably received, and we can assure our correspondents that by contributing the articles they will be helping many a student, and doubtless also many a brother practitioner. While gratefully acknowledging such papers as have reached us, we wish to point out that it is desirable that these notes on private practice should appear in series, consecutively, not at intervals and in a disconnected fashion. For that reason we are holding over the notes we have received, and we shall be glad to receive any others which the writers may care to send.

IF we may be permitted to suggest a subject which, more than any other, perhaps, calls for special treatment in such an article on private practice, it is the qnestion of fees Another, and as important a matter is the new-comer's relation to neighbouring practitioners, district etiquette. At the same time, a paper on Clubs and Club Practice will prove useful. Actual experience on the part of the writer is the main qualification that is desired, for that, and that only, can warrant a man moralising on such matters in the fashion which would appeal to the newly fledged practitioner.

THE extraordinary General Meeting of the Students' Club, convened to receive the report of the Committee recently appointed to consider the question of catering, was held yesterday afternoon, in the Physiological Theatre. Dr. Hale White occupied the chair, and there was a fair attendance. The Committee's report, which makes certain suggestions and certain statements, is important enough to demand separate notice and detailed criticism, which we hope to give it in the next issue of the GAZETTE.

THE Annual Dinner of the Oxford and Cambridge men at Guy's Hospital is fixed for Tuesday, March 19th, at 8 p.m., at the Trocadero Restaurant. Dr. M. S. Pembrey will preside. Tickets may be obtained on application to the Hon. Secretaries, Messrs. E. M. Jones and V. Webster.

From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS.

NOTICES.

W. L. W. M., HUDDERSFIELD.—These fragments are thickly infiltrated with squamous-celled epithelioma. There are many cell-nests and much horny change in the epithelium. PATHOLOGIST.

BOOKS RECEIVED.—Nothnagel's Influenza and Malarial Diseases, Tuberculosis, etc., and Diseases of the Blood; Macmorran's Public Health (London) Act, 1891; Clifford Allbutt's Medicine, vol. I., new edition; Cunningham's Anatomy, new edition; Buxton's Anæsthetics; Glasgow Medical Journal, The Practitioner, and Journal of the Royal Army Medical Corps for February.

THE EDITOR will, at all times, be glad to consider articles or sketches, provided that they are accompanied by the writer's name and address, not necessarily for publication. Payment is a matter of arrangement, and the fees that the GAZETTE *can offer are merely nominal, but if the writer desires any remuneration that fact should be stated.*

The Doctor in Fiction.

In the journals of the medical profession there is a recurrent sneer at the unfortunate lay author whose knowledge of the scientific ways in which a man may end this life, or sicken in it, is not up to the standard that is exacted from the student at his final examination. With few exceptions, say the hyper-professional critics, none of our great writers understood how to kill a man. The most realistic of the realists, who took care to have counsel's opinion on his legal points, omitted to consult his medical attendant on the symptomology of his chief characters. Some witty critic has suggested that one or other of the illnesses which the literary man gives his hero, or one of the various methods by means of which he abolishes his villain, should be set in an examination to puzzle the overworked student. As a case for diagnosis the mysterious ending of the Templar in Ivanhoe would yield much interesting discussion, and possibly not less difference of opinion, at a "Clinical Society's" monthly gathering.

But there is a graver, and at the same time a less easily explainable, omission in our literature, or indeed in the classical literature of any country. It is the absence of a medical character which will bear the brunt of honest, unprejudiced criticism, without emerging from the ordeal discredited as a caricature or disclaimed as a luridly overdrawn representation, which is an insult to the medical profession and a disgrace to its originator. The barrister, the clergyman, the captain, the grocer and the candlestick maker are realities in fiction; the doctor, for the most part, is a brute, debased by drink, or a vapid sentimentalist whose unreality is apparent even to the lay reader. No doubt there were—and are—such characters, else Crabbe would not have given us his picture of a parish doctor, nor Molière his delineations of Diafoirus and Purgon; but in the indictment against the writers the one count still stands, that they have given us no ordinary, commonplace, prosaic medical man. It is an accusation which holds good against all our litterateurs. Men jest at the doctor when they do not require his services. It is a profession that lends itself to caricature, to jibes, and to spiteful epigrammatic innuendos, just as, on the other hand, it is a profession in admiration of which the lay writer may descend into the nethermost depths of bathodic sentimentality. Yet it is strange, for all that, to find that no one has yet grasped the possibilities of the medical man as a character in fiction. From classical writings no real doctor can be cited; from contemporary works the pictures drawn of the family practitioner invariably suffer from two faults—they are either overdrawn or undercoloured. The modern literary author, who takes his science as he does his religion, with the serious scepticism of a psychological analyist, has found phases of the doctor's career which are attractive because they are morbid or incongruous. With vivisection, opsonins, the trypsin treatment, and a passable acquaintance with any text-book on medical jurisprudence or toxicology, no man need be in a difficulty to elaborate a sensational romance that will prove its popularity by necessitating enlarged editions. Mr. Bernard Shaw's latest essay in play-writing is a case in point. No one will argue that his medical characters are real. It is not enough to say that Mr. Shaw may find them real; the fact remains that for the average layman they are caricatures, vividly and cleverly drawn, but exaggerations none the less. On the other hand stands Ian Maclaren's delineation of a country practitioner, a delineation which no two professional men will agree is a faithful portrait of the average general practitioner, even of such as exist in the Scottish Highlands. Mr. Shaw strains a point to make his medical characters crudely and blatantly callous. Ian Maclaren goes to the other extreme and slobbers his hero with sentiment in a manner that destroys much of the reader's sympathy.

No one, it appears, has grasped the true character of the medico, at least sufficiently well to give it back on paper in a fashion that will arouse sympathy and intelligent appreciation instead of disgust or a smile. Jerrold, who justly gauged the importance of a tempered realism, has come the closest to the ideal by his characterisations of medical men in books that are now, alas, seldom read or referred to. He appreciated the fact that the picture could be made natural without exaggeration, and artistic without continually bringing in the emotional note. Jerrold's doctors are practical men, representative of the class that figures prominently in the "Directory" averages, as their professional brethren would say, taken without prejudice from a large number of unselected cases. As such they have a value and an interest which are doubtless more than they intrinsically deserve as literary studies, but they remain as specimens of what may be done by the lay writer who sketches his characters from life without drawing upon his imagination, or finding in his personifications a butt for his admiration of, or his contempt for, some particular aspect of medical science.

Since Jerrold's time the field has been considerably broadened. The doctor of the early Victorian period was not a loveable creature, regarded solely in a professional light. Socially he occupied a position which was far beneath his merits; politically he was a nonentity, and scientifically he was, on the average, a negligible quantity. The early writers were witheringly severe on the medical man. Where they could not praise they had no compunction against damning, and the characterisation of Lytton, Crabbe, Molière, and even the charitable Dickens, constitutes a litany against the profession in general, with the damnatory clauses writ large against certain members. Slowly and gradually the doctor has risen out of this slough of unpopularity in which the literary men have dragged him—dragged him because of his own inability to vindicate himself, and because of the naturally antagonising features of his environment. To-day he has a social standing which is second to that of no other profession, and the old sneer and simper at his preliminary studies in the dead house will no longer evoke a roar of appreciative delight from the gallery. Under the circumstances one would have thought that the time had come when he should take his place as one of the necessary characters in fiction. There are still, it is true, side issues on which the inartistic author may go astray. Modern science is full of delightful perplexities to the layman, abounding in contradictions and inconsistencies sufficient to exercise the wit of a Rabellais. Theory and hypothesis, principle set against principle, and rule against rule, the greater question of the relations of the specialist to the general practitioner, the subtleties of medical etiquette, and the virulent squabbles centreing round the staining reactions of granules in a nerve cell are points which invite the caustic comment of the layman who delights in displaying his wit at the expense of a profession that is only just emerging from comparative obscurity so far as the public is concerned. Yet all these points, considered in relation to the whole, are important to the writer who wishes to draw the modern doctor faithfully. At the present day, when education is so largely a matter of university or institution, there is no profession in which student life has such a powerful bearing on the shaping of character as that of medicine. From the time he enters upon his preliminary studies to the day when he takes out his "licence to kill," the medical student finds himself forced into a groove which in the long run must inevitably influence his life. His studies are too much extended, and his syllabus is too large, to permit him to criticise and become introspective. He has to accept, and in accepting, whether it be a statement of proved fact or an exposition of a hypothetical principle, he sinks for the time being his individuality. It is a necessary evil of modern scientific education, against which it is idle to fulminate so long as the system of examination and the requisition of a certain arbitrary standard as an essential preliminary to qualification are maintained. But it is an evil which the writer of fiction, in drawing his character, will have to take cognisance of. His general practitioner, to be effective as a true representation, must be a man upon whom this influence of student days has reacted, either for better or for worse, as the case may be, and the measure of success in such a representation must be the degree of assent which it receives from men who have experienced the same influence, and who have had their lives and their work modified and shaped by it.

For such a characterisation there is room yet. No one has given it us with the same degree of accuracy, for instance, as that with which Meredith drew Evans' mother, or that with which Ibsen portrayed Consul Bernick. The doctor in fiction exists to-day either as a caricature, as a buffoon who appeals to the hilarity of the reader, or as a composite prig upon whom the critic is asked to drop a sympathising tear. Both pictures are unreal, because neither is a fair rendering of the man, and both, it is safe to assume, are out of date, because the public has found out that the average doctor is neither a callous buffoon nor a sentimental crank.

Pass List.

UNIVERSITY OF CAMBRIDGE.—At the Congregation on 17th January, the following degrees were conferred:—M.C.: E. C. Hughes, Clare. B.C.: F. A. Barker, Emm.; G. W. Goodhart, Trinity; P. P. Laidlaw, John; B. K. Nutman, Jesus.

FINAL CONJOINT EXAMINATION, JANUARY, 1907.—Medicine, Surgery and Midwifery: *K. H. Digby. Medicine and Surgery: *W. P. H. Munden, *C. B. Ticehurst. Medicine and Midwifery: W. R. Greening. Medicine only: R. E. Brayne, A. T. Densham, H. H. Moyle, *J. T. Smalley, *St. J. A. M. Tolhurst. Surgery only: *H. G. Gibson, *C. E. M. Jones, B. Muir, *J. E. Prentis, *R. J. Reynolds, L. D. Stamp, R. R. Walker. Midwifery only: *G. F. E. Allison, H. P. Aubrey, J. Bramley Ball, A. Davidson, A. L. Foster, E. B. Hinde, P. J. Kolaporewalla, A. V. Ledger, M. D. Price, M. A. Rahman, G. G. Timpson.

ROYAL ARMY MEDICAL CORPS.—G. Carlisle, H. G. Gibson.

* Denotes completion of examination.

Budin's Last Work.*

To Professor Budin is due the honour of having been the first to create in Paris those *Consultations de Nourrissons*, which have since become so popular all over France. When he was head of the *maternité* in the Charité Hospital, he established one there in 1892, and others subsequently at the Maternité Hospital in 1895, and the Clinique Tarnier in 1898. At these *Consultations* all mothers were encouraged to present their infants weekly for examination, whether they had been born in the Charité or outside; the infants were then weighed and examined, and the results recorded. Advice was given to the mothers on the feeding of the infants, and, if it was thought necessary, they were given sterilised cow's milk, or instructed to get it at the *Goutte de lait*, a municipal institution, which is practically a milk dispensary, and the forerunner of similar institutions which are now being founded in a few parts of London and the provinces.

The Nursling is an excellent translation of a series of lectures delivered before the University of Paris on the feeding and treatment of infants, by Professor Budin. We have nothing but praise for the excellent work, and consider that all general practitioners owe a debt of gratitude to Dr. Maloney for making these lectures accessible to English readers. As a treatise on the scientific feeding of the new-born it is unrivalled, and contains a large fund of most valuable information. Though we have all known for years of Professor Budin's methods and excellent results, the publication of his own lectures are none the less welcome.

The first four chapters are devoted to "Weaklings"—the word our author applies to those who are born before full term. Weaklings are too often neglected in text-books on Pediatrics, and their treatment is too often half-hearted and accordingly fruitless. Incubators and their use are explained at great length, and Professor Budin shows how often recurrent attacks of cyanosis are due to slight defects in feeding, and disappear at once on slight alteration thereof. The life of a weakling entirely depends on his temperature, and a very low drop below normal means certain death. "Weigh! Weigh! Weigh!" is the burden of the Professor's teaching, as it is by the balance, and the balance alone, that the infant's progress should be judged: and the amount of milk given should be proportional to the infant's weight as well as to his age.

Breast-feeding is of course advocated as the correct means of uprearing the child, and very many useful hints are given with regard to wet nurses: they struck work on one occasion at the Maternité, but the difficulty was tided over. Very definite teaching is given on two vexed questions, which is certainly justified by the recorded results of the teacher's experience. The only artificial food that is used is cow's milk, though ass's milk is considered better but more expensive, and patent foods are not even mentioned throughout the work. All milk is sterilised, and, in spite of many English opinions, Professor Budin finds that the process has no bad effect on the milk's nutritive properties. The milk is given undiluted, which is quite contrary te English teaching, but again the author's experience defies all criticism.

A feature of the book is the hundred and eleven plates of diagrams, which consist of charts demonstrating the various phases of the nursling, and certainly give an excellent synopsis of the observations. They are very elaborate, however, and, printed in three colours, must have added considerably to the cost of the work; their omission would leave a book still most valuable, and more suited to the student's purse. We have read The Nursling with great pleasure, and consider that its publication marks an important epoch in modern teaching on the rearing of infants.

[This review of the English translation of Professor Budin's last work reaches us together with the announcement of the celebrated gynæcologist's death. The pupil of the famous Tarnier, Budin was an enthusiast both in science and in sociology. He was one of the founders of the League for the Prevention of Infant Mortality, and his last public appearance was as President of the League's Annual Congress at Marseilles last month.—Ed. Gazette.]

* The Nursling. By Pierre Budin. Authorised Translation by William J. Maloney, M.B., with an introduction by Sir Alexander R. Simpson. Pp. xxiv. and 199. (The Caxton Publishing Company.) 21s. net.

The "Bryant" Fund.

As we have already announced, this Fund has been started to help Mrs. J. H. Bryant, preferably in the education of her three children. In announcing this Third List of Subscriptions, the Secretary hopes that all intending subscribers will send in their names as soon as possible, so that the capital sum may be invested and commence to bring in interest.

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THOS. G. STEVENS, Hon. Sec.,
8, Weymouth Street, W.

Appointments.

Civil.

Cann, Francis J. H., M.B. Lond., L.R.C.P., M.R.C.S., has been appointed Honorary Medical Officer to the Dawlish Cottage Hospital.

Clapham, S. C., M.B., B.S. Durh., has been appointed District Medical Officer of the Blandford Union.

Coleman, J. G. B., M.R.C.S., L.R.C.P. Lond., has been appointed District Medical Officer of the Headington Union.

Mossop, C. H., M.R.C.S., L.R.C.P. Lond., has been appointed District and Workhouse Medical Officer of the Romney Marsh Union.

Pollard, G. S., M.R.C.S., L.R.C.P. Lond, has been appointed Certifying Surgeon under the Factory and Workshop Act for the Midsomer Norton District of the County of Surrey.

Saward, A. H. M., M.R.C.S., L.R.C.P. Lond., has been appointed Certifying Surgeon under the Factory and Workshop Act for the Richmond District of the County of Surrey.

Naval.

Surgeon S. Croneen, R.N., and Surgeon G. E. Duncan, R.N, are promoted to the rank of Staff-Surgeon in His Majesty's Fleet.

Military.

Lieutenant W. E. J. Tuohy, Indian Medical Service, is promoted to be Captain.

Correspondence.

To the Editor of Guy's Hospital Gazette.

The Telephone and the Catering Committee.

Dear Sir,—I notice in the last number of the Gazette a paragraph in "Passim" in which the editor takes upon himself the task of reproving the authorities for delay in installing the new telephone. I am glad of the opportunity of pointing out that at the meeting of the committee called especially to make the necessary arrangements, the only "authorities" who thought the matter of sufficient importance to require their presence were Dr. Pye-Smith, Dr. Fawcett, and the Secretary. In consequence nothing was done beyond making formal application to the College Committee for leave to fit the telephone into the Club. Under the circumstances, the ignorance of the remaining members of the committee and of the editor of the Gazette is not to be wondered at.

At the present time, when the subject of catering in the Club is prominent, it is also instructive to recall the history of the Catering Sub-Committee. It came into existence some two or three years ago, because the necessity of having some body to keep constant watch on the catering, to decide on necessary improvements and to confer directly with the caterer as to the best means of carrying them out, was recognised as fundamental. It has not yet, I believe, found time to hold its first meeting.—Believe me, yours sincerely,

H. CHARLES CAMERON,
Hon. Sec. Students' Club.

The College,
Guy's Hospital.
Jan. 31st, 1907.

Change of Address.

Dr. C. W. Booker, from the Mount, Witley, Surrey, to Hillcroft, Witley, Surrey.

Dr. S. C. Clapham, from Avonmore, Park Hill, Bexley, to Handley House, Handley, near Salisbury.

Dr. Arthur H. Dodd, from 49, Church Road, Hove, to 4, Ventnor Villas, Hove.

Dr. O. Edwards, from 34, Etnam Street, Leominster, to The Brook House, Leominster.

Dr. T. P. Thomas, from North Parade, Aberystwith, to Bank House, Brecon.

Mr. R. S. Witcomb, L.D.S. Eng., from Guy's Hospita to Hastings, Richmond Park Road, Bournemouth.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

False Joints, their Production and Utility.

CLINICAL LECTURE BY MR. GOLDING-BIRD.

GENTLEMEN,—A case which we have in Luke gives me the opportunity of not only making some remarks on its intrinsic merits, but I think we may very well make it the occasion for speaking about false joints. We generally get false joints when we don't want them, and when we want them we can't get them. I want to say something about the use of false joints from the clinical aspect, and to tell you of some recent observations which have been made on the subject.

Our patient is a carman, æt. 30. On August 23rd, 1905, he broke his patella, and came into the hospital with a transverse fracture, and I am credited with wiring the bone. I willingly take the credit, because the man did so very well, and he went out within the month. He then worked for seven months, but in June, 1906, he slipped on his back, and after that his knee troubled him, and he had much pain over the joint. He was admitted for three weeks into Astley Cooper ward—I did not see him there—where his leg was kept in splints, but he did not improve. The knee was always swollen and painful, and for this the joint has been constantly strapped. The patient was admitted a second time under my care on September 21st, and the note is that he had swelling and effusion of the right knee, and pain on pressure and movement, especially about the centre of the patella. No fracture of the patella could be felt, nor anything abnormal in the bones. There were some three or four ounces of fluid in the joint, but it did not feel like ordinary hydrops articuli. There was a feeling of thickening and softness which made me suspect that it might be possibly tuberculous. You might say that is not at all likely, because of the short history, and that the presence of fluid was not like a tuberculous joint. But I warn you of a clinical error there. Experience teaches that where there is rapid tubercle in a joint, not necessarily going on so acutely as to make the man extremely ill, but causing doubt as to whether it is a septic joint or not, and where it comes on as a result of injury, it is not uncommon for the effusion in such a joint to be more prominent than the thickening, with marked limitation of movement and much pain, yet not the pain and acute inflammation of sepsis. You must not say it cannot be tubercle because the history is short; three months are amply sufficient. I was doubtful myself as to whether it was tubercle, and suggested that he should have massage and passive treatment to see if he got better. I saw him on October 1st, and stopped the massage, believing then that it was tubercle, and not connected with the previous fracture of the patella. Further, there was now a feeling of decided thickening, especially above the joint, in the pouch under the crureus muscle. Next day I had the leg put in a long splint, to rest it. The patient is neurotic, and stands pain badly, so the value of subjective symptoms is doubtful. Things went on for nearly a fortnight, and then we agreed that surgical interference was necessary. I determined to open the joint and see if the condition present were tuberculous or septic; if the former, then complete erasion would be necessary; if the latter, then free incision and drainage.

And here I would have you bear in mind that lateral incisions into a knee on either side of, and in the hollow just behind the edges of the patella are quite insufficient for the purpose of drainage. The reflection of the synovial membrane extends laterally far down on the free aspect of each femoral condyle, so that it is here, and as far back as possible, that the incisions must be made. In suppurative cases a posterior incision may also have to be made for more perfect drainage, or even the plan adopted of which cases were published some four years ago, where, to save acutely septic knees, a free anterior incision was made, as for excision, and the joint thus was fully laid open, and having been cleansed was packed with antiseptic dressings and put up in a flexed position. The knee was treated thus for some days, and then the incision was closed, and massage and movement begun as soon as possible. Favourable results, with good movement, were obtained.

But to come back to our own case. As there was marked thickening of the subcrureal pouch, it clearly was not a case for mere drainage; so a large anterior flap, including the patella—after division of the ligamentum patellæ—was turned well up, that every part of the joint could be inspected and treated. Of its appearance I will only say that it was typical of tubercular synovitis, and especially was this marked in the subcrureal pouch, which was as thick as wet washleather. This pouch I dissected out *in toto*, leaving the muscles bare; the rest of the membrane was removed in the usual way, but the bones and cartilages being unaffected were not touched. Fortunately, of

the two cruceal ligaments, only the anterior was affected, and that partially, so that I was able to retain what was, for practical purposes, as good as the entire set. After irrigation, and the use of glycerine and iodoform, the soft parts were united, the ligamentum patellæ being sewn together with two square stitches of fishing gut. No drainage was employed.

I may here interpolate the remark that the report on the specimen sent for microscopic examination was that it was not tubercle: I leave it at that; I was not convinced.

Recovery took place without an untoward symptom, and as soon as he could bear it movement and massage were employed, and now, five weeks from the operation, he can flex the knee about 55°, and walks about the ward with two sticks.

[Whilst this lecture is being reviewed for press (Christmas, 1906), I may add that the patient was seen a few days ago, walking very well and able to flex to very nearly a right angle: an attempt under an anæsthetic to obtain more movement failed from the adhesion of the parts above the patella where the sac had been dissected out; but this may yield of itself later on.]

You will naturally ask, why, since I considered the joint tuberculous, I did not excise, that is, perform arthrectomy; the answer is twofold. First, we now rarely arthrectomise a knee, being content with the removal of the diseased structures; this is what I did, and no more. Secondly, I found the cruceal ligaments practically intact, and this was the key of the situation. Had they been diseased past redemption, I should have vivified the bones and purposely produced synostosis; but as they were serviceable there was the prospect of obtaining a moveable joint, for the posterior dislocation of the tibia was no longer to be feared.

As this patient's age was 30, the objection to excision (arthrectomy) that holds good in children did not weigh with me, since there is no question of damaging epiphyses; but here let me warn you against excision of the knee in the young as a practice.

Obviously the removal of all, or nearly all, the epiphyses is to ruin the future growth of the limb; but we now know that even partially operating on the epiphyses, as by gouging, has a very harmful effect and much modifies our after-treatment for years to come.

When we used to excise the knees of young people, it was common enough to have to do something further many months or even years after, because of the synostosed limb being now bent even to nearly a right angle; and various have been the explanations given, of which the simplest, and most unjust, was that it was the patient's fault for not wearing his protective apparatus regularly. No apparatus, at least such as hospital cases had, ever prevented some degree of this posterior deformity; and so the pull of the flexor muscles was invoked to explain it. Years ago I published cases where I had excised knees of a transpatellar method, *i.e.*, sawing the patella across, and so arriving at the joint, and then reuniting the bone. I thought of doing this to give the extensor cruris the chance of counteracting the ham-strings, but the results in the long run were no better.

If you have the opportunity of operating upon one of these bent knees, you will notice that there is a large mass of spongy bone, newly formed, which has become inserted between the two cut surfaces, and that, taking the wedge form from pressure, it has forced the leg into a flexed position. Occasionally it has been seen to force it in the other direction, so that the leg is hyper-extended. But if you see a knee in a child which has been the subject of tuberculous disease, which has even gone to the extent of forming abscesses, which is about as bad a knee as you could well get, that knee will never flex; it will remain ankylosed in the straight position, even if you watch the case till it grows up. If, however, the surgeon has interfered at all, it will invariably take the flexed position. The answer seems to be that the epiphysis is most intolerant of our interference, and the very fact of our cutting a piece of epiphysis away is enough. Whether it acts by hyperæmia I do not know, but there is a large formation of new bone, and it is this which forces the leg back and produces the flexion which I speak of. But when the joint is left to itself and becomes ankylosed as the result of natural processes, it is not seen. This, then, is one great reason why we should, as far as possible, abstain from interfering with epiphyses.

In the Jacksonian Prize Essay for 1905, the author, Mr. R. Cheyne Elmslie, discusses this deformity after excision very ably, and his conclusions I will summarise for you:—

1. In excision of the knee in children, the nearer the operation is done to puberty, say after fifteen years, the less is the subsequent flexion deformity than if done at an early age, say eight years.

2. The flexion deformity is always due to a definite bony overgrowth following the surgeon's interference with the epiphyses; the deformity

may take the form also of genu valgum, varum, or recurvatum.

3. Where tuberculous disease, with disorganisation ends in anchylosis, after running a natural course, without surgical intervention on the bones, the flexion never appears.

4. The shape of the mass of new spongy bone is determined by pressure or muscular action; but when from pressure by standing it is obviously more likely to be thicker in front, and so produce flexion, than the other deformities.

From the very smooth movement that our patient has now in his knee, I am inclined to believe that we have succeeded in making him a "true" false-joint, and not a loose fibrous anchylosis—for these two conditions are vastly different.

Fibrous anchylosis you are all familiar with, as well as with the conditions that give rise to it; and unfortunately it is not unknown in our Accident wards, where, now and then, and especially in compound fractures, it is likely to make its appearance in place of the expected synostosis. A very close fibrous union has to, and does, succeed in placing the part of an osseous union; but if the fibrous connection be of any length, then a flaile-like condition results, which, as in the elbow, may conveniently play the part of a joint, but it is, morphologically speaking, no joint at all.

Yet real "false" or imitation joints do at times appear, often, again, when not wanted, as in this specimen from the Museum, where, apparently, a sub-trochanteric division of the femur has been done, but bony union has failed and a true "false" joint has formed. This differs from the fibrous union in that it is only the circumferances of the two bones that are united by fibrous bands (=a capsule) the ends of the bones themselves being free and sometimes rather spread out, and able to play easily on one another. In the abstract, a true joint, original or manufactured, consists of two bones united end to end circumferentially by fibrous tissue enclosing a lymph space in which the extremities of the bones are placed.

Has it ever occurred to you that in our bodies there are, normally, joints like these artificial ones we have mentioned?

Fibrous anchylosis may well be represented by the synarthroses of the vertebral bodies, or of the symphysis pubis, and the interosseous astragalo-calcanean ligament. One of these at the symphysis pubis is said to develop a synovial membrane at times during pregnancy, whilst the sacro-iliac synchondrosis is half synovial or true joint, and half fibrous anchylosis.

Then I would remind you we have joints with inter-articular cartilages inserted, and then the highest of all, the true diarthrodeal joint of synovial sac and capsular ligament, as in the shoulder.

The question I would now shortly discuss is, can we imitate each or any of these joints at will?

In 1904, Dr. J. B. Murphy, of Chicago, communicated a paper on this subject to the American Surgical Association, St. Louis. and I will tell you something of his methods and results.

The plan by which he proposes to ensure false joints he founds upon a study of the development of normal joints, and it is a pity we cannot found many of our conservative surgical proceedings on developmental lines; but it is no more possible, generally speaking, than it is, in designing a motor, to try and copy the natural movement of a horse's legs.

Following Gegenbaur, he points out that all joints are originally cartilaginous joints abutting on one another, with mesoblastic tissue between; that the circumferential or the outlying portions of this tissue make the joint capsule, and the behaviour of the central parts of the tissue determine the special character of each joint. Thus, if it entirely disappears or liquefies, there is left a synovial cavity lined by its membrane, forming the perfect joint; if this process is confined to the portions immediately lying against the cartilages the remaining central mesoblast forms an interarticular fibro cartilage; whilst if this tissue remains in its entirety, a fibrous union throughout results, and fibrous anchylosis is just such a "joint" as this.

The problem these considerations suggest I may shortly put thus: "If in the development of a joint there is mesoblastic tissue between the ends of the bones, and if I excise the knee-joint, or the hip-joint, or the elbow, and I want to get a false joint, shall I get one if I introduce mesoblastic tissue?" You will say, We can answer that: There is nothing new in it. Why is such and such a broken bone not united? Because of the interposition of a piece of muscle. Yes, but there we get what you could not possibly call a joint; it is so firmly held together that, while it may be useful for support, it is no good for a joint. Still, that is a step towards it. Murphy draws attention to the fact that in the subcutaneous tissue it is not at all difficult by friction to produce a bursa, wherever there is fat and a free lymphatic circulation; and it occurred to him that if he could introduce fat between the ends of bones, there might be a better

chance of ensuring a true joint rather than fibrous ankylosis. So he did certain vivisection experiments, but found they did not quite succeed, for he had missed out an integral part in the formation of bursæ, namely, movement. So he thought if he could also keep up vigorous movement in addition, it might end in the production of a false joint. But you know clinically that whatever you have done to a joint, if you want to move it afterwards, there is great pain, and it requires a man of iron nerve to stand it. And doing the movement under repeated anæsthesia rather spoils that line of treatment. His procedure would be very useful in the knee if we could be certain we got no posterior displacement of the tibia; therefore it must be a case where the crucial ligaments are intact, although Murphy does not lay stress on that in his communication. I think they were not intact in all his cases, because in one he divided the ham-strings some months afterwards to prevent posterior displacement. It would also be useful in the hip, because there is no question there of posterior displacement, though there is a possibility of upward displacement. I do not think you could improve the surgery of the elbow by it. But in the temporo-maxillary joint it would be a very great thing to secure movement. It is so difficult to get movement in this joint that division of the ramus lower down has been practised.

The mode of operating he proposed and practised I will outline to you: but considering the long time that convalescence took, mostly occupied in forced movements to create the bursa-like joint, the great difficulty in practising this passive movement, and the magnitude of the operation itself, at least in the knee and hip, I venture to think better results than his paper details will have to be attained before the plan is likely to be of universal employment. Still it is ingenious, and a clear step in advance in this branch of surgery. He made a very large lateral incision on each side of the knee, and across it below, turning up a big flap. But in taking away the skin he did not remove the whole depth of fat. Then he opened the joint and did what was necessary. He cut from the quadriceps extensor surface a large square flap and turned it down. That flap was made of fascia and muscle, and some of the fat which was sticking on the surface. He brought it down laterally by the patella, and deliberately wrapped it round the underside of the femur, and stitched it on the opposite side to keep it in place. In the case of the hip, a large curved incision was made below the great trochanter, and including the great trochanter in the centre of the curve, forming a horseshoe having the ends upwards. The hip joint is difficult to get at, but he was ingenious. Having turned up the flap and exposed the great trochanter, he deliberately cut off the great trochanter, lifted it up with the muscles attached to it, and by means of a fine wire or chain saw he undid the bony ankylosis which had occurred. He still retained a certain amount of head, which is essential. From the gluteal region he dissected down a large fibro-fatty flap, and introduced it as a fatty blanket between the bones, sewed the great trochanter back in its place, and closed the wound in the usual way. In the case of the mandibular joint a similar process has been followed out, the flap being taken from the temporal fascia, with what subcutaneous fat could be obtained. That was tucked in between the two bones after division of the synostosis. Murphy gives in the paper the results in three knees. In one case, a man æt. 21, at the end of a year the report says: "One knee" (for it was a double condition) "could be moved three inches; the other one inch." What that means I do not know: whether it means that the foot moved three inches in the backward direction. If so, it was not very much to get, and it is questionable whether it was worth a year's invalidism, and the severe operation. Of course a knee sticking straight out, with no accommodation by flexion, is a great nuisance, not only in private life, but when the man uses a public vehicle. Another man, æt. 38, was reported to have, at the end of twelve months, two degrees of movement. If that means what it says, the benefit was almost imperceptible. The other was a child of nine, with an old tuberculous joint, and that seems to have been fairly successful, for ten to fifteen degrees of movement were obtained.

The results in the hip were as follows: — In a child of 12, whose hip was fixed at right angles, after pyæmia, twenty degrees to thirty degrees of movement were obtained. In another case, æt. 26, the hip was fixed in a straight line, but in twelve months the leg could be swung eighteen inches in front of the axial line of the body, and eighteen inches behind. Those are very good results.

Since, provided, in the case of the knee, the crucial ligaments are still serviceable, there is no fear of posterior displacement of the tibia, and since also there is never any dread of weight being borne, since the femur and tibia abut on one another, there is every reason for trying to obtain a moveable joint; but in

practice the case that is suitable seems rarely to present itself. We generally have to deal with a stiff knee, that is so from present disease, as in our own case, or from fibrous or osseous anchylosis; and in the two last instances, and very likely in the first, the crucial ligaments will have disappeared; but where this is not so, then some movement should be obtained by all means. It is not quite fair to contrast the case before us with those given by Murphy. His method presupposes fibrous or osseous union, indicating total joint destruction some time before; but in ours, though every piece of synovial membrane was removed and the joint cavity was but a raw and bleeding space, yet the articular cartilages, on the femur at least, were sound, and their presence is almost a guarantee of future movement, and hence there is no necessity in such cases to interpolate fatty tissue.

We see this in the simple operation for Hallux valgus, when the head of the metatarsal is removed; and, provided the proximal cartilage of the first phalanx is sound, a moveable joint is certain.

Since the fatty flap in Murphy's cases was wrapped around the end of the femur, and since it was in anchylosed cases that he operated, we may be certain that the crucial ligaments were absent; and I confess at present I do not see how one could dare to get, for that very reason, any great degree of movement. With the very limited range of flexion his cases had, there was not much chance of posterior displacement; but had a greater and more useful range been obtained, I can hardly think the tibia would in the long run keep its normal relative position with the femur.

In the hip, if a false joint were secured, all the upward pressure must be borne by the new capsule, as in the specimen I already have shown you, as an exact butting of the divided ends of the femur can scarcely be expected; hence in time considerable shortening might be expected; but this is but a slight matter compared with the gain of having hip-movement, even though only "after a fashion" restored. The proposed hip operation seems to be of greater magnitude than that for the knee; still (though one suppurated) the results in the case of the hip seem to have been better than those in the knee cases. The introduction of inert material (metal, celluloid, &c.) between the ends of bones to prevent fibrous anchylosis, and to help to form a false joint, has been tried, but not with success; and I cannot recommend it to you.

For further details and more extended argument I must refer you to Murphy's original paper; but I thought our case was one that at least would give me an excuse for bringing the latest development of conservative joint surgery to your notice, of which, perhaps, the greatest obstacle to success is the keeping up of suitable movement to develop the new joint cavity, for without constant friction a solid fibrous junction must result.

The style of movement, too, has to be adapted to the end in view. Where, as in the usual way of excising an elbow, we only want a sufficient length of fibrous tissue in order to have a very perfect joint substitute, we content ourselves with stretching (by flexion) our new scar tissue between the bones; but if a bursa-like joint is to follow, a rubbing of the ends together is required in order to form the necessary lymph space between the bones in the newly interposed layer of fatty tissue.

Subnormal Temperature.

Paper read before the Physical Society by Mr. P. P. Laidlaw.

Mr. PRESIDENT, GENTLEMEN,—The physician delights in endeavouring to explain the symptoms which he notices in his patients. Whether there is any immediate benefit to be derived from the explanation or not is of secondary importance. Facts which are as yet unexplained he is content to remember, if generally considered to be of value in diagnosis or prognosis. He is confident that his explanations, if accurate, and the obscure facts, will some day help to solve the enigma of disease. Among the mass of facts which have been piled up through generations, some are sure to be lost sight of from time to time. This appears to me to be the case with the symptom of subnormal temperature. It is a remarkable thing, that while considerable attention is paid to pyrexia, and any increase of temperature is watched with care, and sometimes even with anxiety, but little notice is taken of a temperature which has sunk below normal. It is regarded with indifference and generally neglected. The reason for this neglect would appear to be either because no ready explanation is forthcoming, or because it is of no clinical importance. The text-books do not pay any great attention to the subject, dismissing it in some such phrase as "the temperature may be subnormal," leaving it to one's imagination to supply the degree of variation from the normal, and leaving explanation of the condition to the reader's ingenuity.

Numerous examples of low temperatures must have been noticed from time to time by every one present. Scattered through medical literature are a large number

of low temperatures recorded by various observers. These are for the most part of the record-breaking variety, and thus forced into notice. It is impossible to treat of all the conditions in which subnormal temperatures occur, and I have confined myself to some of the commoner examples. I cannot pretend to have arrived at definite conclusions in a number of conditions which I shall speak of. It remains to me to remind you of some facts, and proffer a few theories for your consideration.

I hope you will pardon me if I review a few of the facts of the physiology of temperature. The ultimate source of the body heat is the oxidation of food material. The sites of the production of heat are not very well known; muscular work, at any rate, is an important factor in heat production. Heat is distributed by the circulating fluids of the body. Heat production in the muscles (and probably elsewhere) is controlled by the nervous system, and heat loss is regulated through the vasomotor and respiratory centres, generalised peripheral construction of vessels causing conservation of heat, and *vice versâ*. In the nervous system some mechanism exists which regulates very accurately the temperature of the body by balancing heat production against heat loss. Numerous observers have sought for the site of this centre in the brain without any great success. The maintenance of an almost constant temperature reaches its highest development in man. In infancy this regulation is far from perfect, giving a possible explanation of the dictum that "variations of temperature in young children are of no special significance."

The temperature of the body is thus the temperature of the blood, and our knowledge of the body temperature to a great extent depends on the blood-supply to the part to which we apply the thermometer, a fact which is not always insisted upon.

With regard to the method of taking temperatures, it is almost a universal practice to place the thermometer in the mouth. This site has been chosen on account of its convenience. Long experience has shown that it gives a consistent record in health and in most cases of disease. It has come to be regarded as almost infallible. This, however, is not the case. There are a number of factors which render mouth temperatures inaccurate. It has been shown that excessive rapidity of respiration, or the breathing of cold air even, if all interchange occurs by the nasal passages, will lower mouth temperatures very considerably. The low record is brought about by direct cooling of the mucous membrane of the mouth, transpiration loss, and occasionally vaso-constriction. These three factors, even though their individual effect is slight when enumerated, will produce considerable error.

In all cases of dyspnœa, then, we must regard mouth temperature with suspicion. A number of factors produce abnormally high mouth temperatures; these, broadly speaking, are those which produce vaso-dilatation.

These considerations have led some observers to advocate the taking of rectal temperatures as a routine practice. This is unlikely to become popular, for obvious reasons. That the upholders of rectal temperature have good ground for objection is obvious when I remind you that in the collapse stage of cholera the mouth temperature may be 96° while the rectal record is 103° or 104°. The intestine being the seat of infection has the most free blood supply, and its record is therefore more accurate, also it is not upset by respiratory interchange. I believe similar variations have been observed in cases of diabetic coma, but have been unable to find any authority. It would not be surprising to meet with similar variations in D. and V. cases.

Before abandoning mouth temperatures, however, it would be well to know more of the factors which cause variations in rectal temperatures, as fairly wide variations are met with. It must be remembered that a normal rectal record is ·5 to 1 degree higher than the corresponding mouth temperature.

But if we guard against variations due to abnormal respiratory interchange and general peripheral constriction of vessels, I think mouth temperatures may be relied upon.

Of other methods of taking temperatures, such as axilla or groin, it is obvious that they are too liable to be upset by vaso-motor disturbance to be relied upon. This gives us another explanation for the dictum that "variations of temperature in young children are of no special significance." The data which I have relied upon for many of the facts of this paper are mouth records, and it was thus necessary for me to say something with regard to the accuracy of the method.

The cases which most constantly present subnormal temperatures are those which are brought about by the exhibition of drugs. They have been most carefully worked out, since they offer an easy field for research. A large class of drugs (the antipyretic) are only efficient during febrile conditions, and do not produce subnormal temperatures unless pushed to poisonous doses, when subnormal temperature is one of the symptoms of collapse instead of being produced by pharmacological means. The general anæsthetics form another group of great importance, they produce a rapid fall of temperature once anæsthesia is established. The anæsthetic causes increased heat, loss by vaso-dilatation, and heat production in the muscles is greatly reduced. A fall of 3 or 5 degrees may occur during an operation unless means are taken to prevent the heat loss. The method used to restrict heat loss is the explanation of the uncomfortable atmosphere of our operating theatres.

Morphia in non-poisonous doses also causes a fall in temperature, but not to such a marked extent. Experiments appear to show that the heat centre is affected by this drug, as the response of the body to variations in the temperature of the surroundings is more sluggish under morphia and not so perfect, and pyrexia may be brought about by raising the surrounding temperature to an abnormal degree. The temperature is subnormal if the surroundings are usual, as the heat production is diminished.

Among the drugs, however, not one rivals the proud position of alcohol. Even small doses cause a slight fall in temperature, and large doses produce serious effects. Numerous examples of low temperature could be quoted from literature of drunken people who have been exposed to cold. Reinke records temperatures of 86° and 87° in two cases which he observed. They both recovered perfectly under suitable treatment, the most important feature of which is the restoration of body heat by the application of external warmth. While Kohler records a case where the temperature fell to 83° and remained subnormal in spite of treatment until the patient died one month later.

The action of the drug produces a low temperature by increasing heat loss through dilatation of the skin vessels and diminishing the production of heat by the condition of muscular inactivity brought about by the somnolent condition into which these patients fall. It is possible that the heat centre is affected; if so, it would explain the peculiar condition of patients, such as those cited above, where the temperature is considerably and persistently subnormal.

But in these cases I do not believe that the drug has any effect on the heat centre as experiments on animals show that once the temperature of the body has fallen below a certain point the heat centre loses control, and the animal passes into a condition resembling a hibernating mamal. Recovery from these very low temperatures is difficult to effect.

The fact that alcohol causes a fall in temperature may be of diagnostic importance, and has been used to determine whether a patient is suffering from drunken stupor or some more serious condition. It is by no means conclusive evidence, as it occurs in other cases ef poisoning and more serious conditions, such as concussion, apoplexy, and heart failure. But it is a constant and well-marked feature of drunken people, and frequently shows a variation of four degrees below normal.

Macewen, who investigated this point, found that out of 50 successive cases of drunken persons the rectal temperature registered 98° in only two cases. This is, of course, subnormal for rectal temperature.

28	per cent.	had temperatures varying from	98–97
30	"	" "	97–96
24	"	" "	96–95
10	"	" "	95–94
2		" "	93–4

These cases were not selected in any way, and had not been exposed to any unduly cold atmosphere. The temperature of surroundings at the time the temperature was taken was 60°C.

The figures show that more than half the cases of drunken persons have temperatures below 96·5. And as concussion and other cases do not show so frequently nor such well-marked subnormal temperatures, it should be of some value in diagnosis. Yet it is a symptom seldom made use of as far as I am aware.

Apart from drugs, we meet with a fair number of cases which show subnormal temperatures. These are, as a rule, unexplained, and on that account most interesting.

In the first place, I have noticed that a very large number of cases of heart failure present this feature, and although the depression of temperature is not very often great, it is constant in all cases of severe heart failure if the disease is of long standing. Unable to obtain any adequate explanation from physician or textbook, I looked up a number (100) of cases of recurrent heart failure in the hospital reports and investigated the point for myself.

The facts are somewhat as follows: The phenomenon is confined almost entirely to heart cases of some years' duration, and is seen in its highest development in cases of recurrent failure. It was necessary to exclude all cases where disease, other than failure of compensation (such as rheumatic fever, malignant endocarditis, etc.), as in these other factors are introduced and statistics are rendered inaccurate.

Taking such cases, then, as I have described, and where a history of heart disease of five years' duration was obtainable, 70 per cent. had subnormal temperatures on admission, and in many cases on discharge. In a fair number of cases the temperature was frequently 95–96°, and never reached normal during the period of residence in the hospital. These were cases where the heart had failed repeatedly and where compensation was only re-established with difficulty.

Cases of mitral stenosis and regurgitation showed the condition more frequently than aortic cases (80 per cent.), but both showed similar variations to approximately the same extent. In 30 per cent. the temperature was normal, or rapidly became so soon after admission. These cases were those which "did well," *i.e.*, where compensation was readily established, or where patient was admitted for præcordial pain, etc.

In cases where records of more than one admission were obtainable it was found that while the temperature was normal during a slight attack of heart failure, it was usually subnormal in bad attacks.

Records of congenital heart disease showed no abnormality of temperature as a rule; if any, a variable temperature due to the fact that patients were young.

The first explanation that presents itself is that the phenomenon is due to the dyspnœa, which is such a constant symptom of heart failure. On consideration, I do not think that this view can be upheld, as a temperature of 95°–96° is observable where dyspnœa is slight, and moreover this temperature may persist after all respiratory symptoms have disappeared, and often when compensation is sufficiently re-established to warrant patient's discharge from hospital.

I have only seen one case where rectal temperature was charted as well as mouth, and there fluctuations were great, and the temperature averaged higher than the mouth temperature. It might be explained as a general deficiency of oxidation in the body. The increased number of corpuscles in the blood seems to lend support to this view. But observation on the respiratory exchange in heart disease, I believe, show no variation

from the normal. Moreover, mitral stenosis does not produce any greater depression than in aortic cases, and, what appears to me conclusive, I have not seen any really subnormal temperature recorded in cases of congenital pulmonary stenosis. There is no reason why heat production should be diminished, and nothing points to excessive loss of heat.

At this point, the matter reaches a deadlock unless the following explanation be correct:

As I before insisted, our knowledge of the body temperature depends on the heat supply to the tissues in contact with the bulb of the thermometer, and thus it depends on the blood supply.

Now in chronic heart cases where compensation has failed, the circulation is very poor and takes a long time to recover, and the severe cases of recurrent heart failure have a correspondingly poor circulation during their stay in hospital. That is, they will have a poor distribution of heat to the periphery, and cooling agencies will produce an apparently greater effect. Thus the recorded mouth temperature will be less than it ought to be. In brief, I believe that the temperature in recurrent heart failure is a function of the circulation. It appears to be an adequate explanation and covers most of the facts. If the explanation be a true one, it should prove of value in prognosis, the heart case which presents a persistently subnormal temperature, even though apparently compensated, having a poor prognosis; and the one which rapidly regained its normal temperature having a correspondingly good prognosis. And this view is borne out by other evidence. Judged by this standard, numbers of heart cases are discharged from hospital before they are fully compensated, as numbers have subnormal temperatures on discharge; and most people with experience will agree that this is the case, as the question of beds necessitates an early removal of all cases from the hospital.

One other explanation depending on specific heat of the body remains. The specific heat of the body is normally about ·8° addition of water, *i.e.*, œdema, would raise this, and if heat production and heat loss were constant, a depression of the body temperature would be the result. This view I believe to be excluded by the fact that subnormal temperature is exhibited in heart cases which have no œdema.

Another interesting group of cases is met with in those which present a subnormal temperature after a period of pyrexia. Two varieties are present in this group. Pyrexia frequently alternates with athermia in septic fevers and advanced cases of phthisis, each fall of temperature being accompanied by profuse sweating. A satisfactory explanation is difficult to obtain. It is possible that the disease exaggerates the normal day and night variation which is met with in the healthy individual, or, as it is usually seen late in the disease, when the body is somewhat exhausted and the patient is said to be doing badly, it may be that the call made on the organism for heat can only be responded to at intervals In other words, the demand has exceeded the supply, and the thermogenetic mechanism is becoming exhausted, and works spasmodically.

Periods of subnormal temperature also follow very frequently acute or prolonged fevers, *e.g.*, pneumonia, influenza, typhoid, etc. In these cases the high temperature is usually considered to be of service to the organism in its fight with the invading disease. This shows, since the fever has been maintained, that the heat centre is in good condition, and consequently that we must look elsewhere for an explanation of the phenomenon.

It is possible that the low temperature may be due to excessive heat loss continuing after excessive heat production has ceased, since both processes occur in most fevers, the mechanism regulating heat loss being slow to recover.

I do not think this explanation can be upheld, as the heat centre is (for reasons mentioned above) apparently in good working order. I look upon it as an example of conservation of energy. The body has used up a great deal of energy during the fever and usually on a starvation diet, and the demand for the excessive consumption of energy having failed—when the organism has overcome the invading disease—everything which will tend to the conservation of energy in the organism will aid in the repair of lesions caused by the invader. For the body's immediate needs it is sufficient that the temperature be 96° or thereabouts, and it is less expensive than 98°. If this were the case it would explain the fact that the amount and duration of the temperature depression is, roughly speaking, proportional to the severity of the illness. I have not had time to collect statistics on the point and speak merely from a short experience; statistics might show it to be inaccurate.

The text-books state that the temperature in diabetes may be subnormal. Thinking this an easy group of cases to explain, since hundreds of kilo-calories are wasted daily in the urine of these patients, I looked up the cases admitted in 1904-5. To my annoyance I found the easy explanation impossible, and have been unable to arrive at any satisfactory conclusion; 77 per cent. of the cases had to be regarded as having normal temperature, as although they showed subnormal temperatures at times they more often showed a slight pyrexia or normal condition. Occasionally a fluctuation from 96°–99 or 100 was noticeable every day. One case alone showed a persistently subnormal temperature (about 96–95°), and although sugar-waste diminished and patient put on weight and was greatly improved by his stay in hospital, the temperature remained the same.

The other cases showed less degrees of subnormality, and were inconstant. Cases which went into coma showed, as a rule, a low mouth record. This is due to the air-hunger which must obviously depress the temperature a great deal. Two cases showed marked pyrexia when rectal temperature was taken; it does not appear to have been taken in the other cases.

A review of fifty cases of concussion showed that in most cases the patient had a normal temperature or slight pyrexia (64 per cent.).

The greater number of the remainder presented subnormal temperatures for only a short time and recovered their temperature within four hours or thereabouts. In a few instances the temperature was low for days. There seemed to me to be a superficial relationship between consciousness and temperature, those cases which were admitted in a dazed or unconscious condition having subnormal temperatures and recovering their body heat on recovering from unconsciousness.

We meet the same phenomenon of hypothermia in the last hours of many patients who are succumbing to disease. Here the temperature failure is part of a general collapse, and is readily comprehensible. It is found again in isolated cases among lunatics, particularly G.P.I. A lesion in the nervous mechanism somewhere is naturally brought forward in explanation of these cases.

In conclusion, gentlemen, I should just like to remark on the frequency with which subnormal temperature is associated with the loss of consciousness. Anæsthetics, hypnotics, even natural sleep, concussion, collapse, and the last stages of many diseases, all associated with partial or complete loss of consciousness, show corresponding depressions of temperature. Is it possible that there is any connection between consciousness and temperature?

Reviews.

The price of books submitted for review should in every case be stated.

Tumours, Innocent and Malignant. By J. Bland-Sutton, F.R.C.S. Fourth edition, pp. xii. and 675. (Cassell & Company.) 21s. net.

Few medical books are more widely read than the one now before us—it is a book peculiarly *sui generis*, and contains a wealth of facts, illustrations, and comparisons that can be found in no other text-book. This new edition is no mere reprint, but contains a hundred more pages than its predecessor did, as well as fifty new illustrations. Several new chapters have been added, and the entire text overhauled: every page almost contains a rewritten paragraph, and it is peculiar to notice what a large number of minor verbal alterations have been made, some of which are rather pointless. On the title page "characters" takes the place of "features," elsewhere "ovoid" is altered to "oval," and "Myomata" no longer heads the chapter on Uterine Fibroids.

The principal new addition to the work is an excellent chapter "Concerning the cause of Cancer," which gives a capital *résumé* of the present state of our knowledge of that disease. Starting with Cohnheim's theory, which has signally failed as an explanation of the origin of malignant tumours, Mr. Bland-Sutton goes on to describe the Parasitic Theory. We are told that "many consider that cancer will soon be defined as a chronic infective disease due to a microparasite," and, though the author gives no definite opinion, we are led to infer that he is numbered among the "many." A good account is given of the work which has recently been done in attacking the problem by studying the life history of the component cell. Some account is given of the Jensen tumour, but we should have liked to have seen a more detailed description of the experimental pathology.

A chapter appears on Chorion Epithelioma, with some good photographs, but we are surprised that nothing has been added to the few meagre facts, that were given in previous editions, about Endothelioma, a form of malignant disease which is now often diagnosed. The work, which Handley has done on Carcinoma Mammæ, receives extensive and well-merited recognition, and his expression "permeation" is accepted as definitive. Mr. Bland-Sutton appears to be rather fond of strange words; "taxononomy" is a great favourite, and he prefers "puerpery" to puerperium.

The various references no longer appear as foot-notes to the text, but are collected and amplified at the end of each chapter. The index still remains in the same unsatisfactory state—we have always considered it very incomplete, and especially wanting in cross references. The new phrase "dermoid pterygium" is unhappy, as pterygium is a well-defined disease; because a dermoid happens to appear in the favourite site of pterygium, it is unnecessary to join the two terms together and thus add an element of confusion.

Sarcoma of the testicle is still described as being commoner than carcinoma, though elsewhere in the chapter it is mentioned that many pathologists now think differently. We had hoped for a more definite opinion on the subject. The chapters on Ovarian and Uterine Tumours have been enlarged, and are, of course, still most excellent, and far superior to anything in the ordinary text-books on Gynæcology.

The revision has improved a text-book which was already excellent, and made it even more indispensable to the student of medicine or surgery.

Climatotherapy and Balneotherapy. By Sir Hermann Weber, M.D., and F. Parkes Weber. Pp. 833. (Messrs. Smith, Elder & Co.) 15s. net.

This excellent work is a considerably enlarged third edition of the "Spas and Mineral Waters of Europe," first published in 1896, and is also a modern edition of Hermann Weber's "Climatotherapy," first published in Germany in 1880. The whole has been edited by Dr. Parkes Weber, who has added many of his contributions to various volumes on Climatology. The writings of the Webers are so well known that it is hardly necessary to praise them, but we can confidently recommend this volume as one of extreme usefulness to every general practitioner and consultant. However much we may believe or disbelieve in Spa treatment—and there are many extreme sceptics on this subject—wealthy patients will insist on going, and will expect advice on the choice of place; a thoroughly reliable work on the subject is therefore almost a necessity.

In this volume the reader will find not only many general chapters on the above two subjects, but also a comprehensive directory to every known spa and health resort in Europe and North Africa. No place seems to have been too small to escape the writers' attention, from Askern Spa to Oeynhausen; and we are even given the best paths for invalids to take in the London Parks, at different seasons of the year, and in different winds. More is given about the climate of various towns than is given in most kindred works; we are told about each important spa or town, which part is most sheltered, in which part the scenery outweighs the climatic position, and in which the excursions are best or most convenient. The less-known resorts are carefully compared with those better known at home and abroad.

The first part is devoted to Climatotherapy and descriptions of the various Climatic Health Resorts. It opens with three excellent general chapters on the subject, and then describes the various resorts in detail. The second part similarly opens with a general discussion on "Water Drinking" and Spas, and to one of these chapters we must refer, as we so completely agree with its teaching. Though the drinking of waters and bathing therein is apparently the principal treatment, any improvement that takes place owes much to the enforced regular life, the rigid dietary, the early rising, and the graduated exercises, which are insisted on. One has only to watch the patients at a popular "Bad," to realise fully how much they need these simple therapeutic measures.

There is naturally much repetition owing to the description of many resorts under both headings—Climatic and Mineral Water; still this does not detract from the value of that portion of the work, which will be used mainly for reference purposes. The importance of the After Cure—or Nachkur—is insisted on, but we are surprised that the authors are not more emphatic on the advantage of a change of scene to patients with Grave's disease.

The index is, we think, the best we have ever seen in a medical work, and is a fitting termination to a most valuable book.

Retroperitoneal Hernia. By B. G. A. Moynihan. Second edition, revised, and in part rewritten, by B. G. A. Moynihan, and J. F. Dobson (Baillière, Tyndal & Cox.) Pp. 195.

In this small book retroperitoneal hernia is discussed in a very thorough manner, the whole of the known literature having been well ransacked. The subject is not one about which the average person knows much, and this work will well repay perusal, especially as it is quite short. It begins with a brief description of the development of the abdominal organs and their shifting about during embryonic life, and the author endeavours to explain how the various folds of peritoneum are found, either by the blood vessels or by physiological fusion, refuting the idea that they are due to fœtal peritonitis The cause of the physiological fusion seems rather vague, as it does not appear to be in any way dependent on pressure.

The largest section is devoted to the description of the folds about the duodenum, and this part is, we must confess, somewhat difficult to read. There are in all nine pouches described, of which five are said to be of importance, but later on we are told that right and left duodenal hernia practically always occur into the same two pouches. So many different names have been given to each pouch by various observers that the result is truly bewildering; however, the author skilfully extricates us from this tangled mass, and describes the signs, symptoms, treatment, and morbid anatomy of the hernia quite clearly.

Next he treats of hernia about the cæcum, and in contradistinction to his dictum that folds about the duodenum are "fusion" folds (though blood vessels are always found in the neck of the sacs of hernia here), he admits that the folds around the cæcum are vascular folds. This region is comparatively simple to understand, as is also that on the sigmoid region. The section on hernia through the foramen of Winslow, with cases, is particularly instructive.

The whole is exemplified with cases and by numerous wood-cuts; the latter leave much to be desired, as they are, for the most part, very obscure. The authors, and especially Mr. Dobson, have evidently been at great pains in bringing the book thoroughly up to date, and are to be congratulated on the result of their labours.

Manual of Anatomy: Systematic and Practical, including Embryology. By A. M. Buchanan. Vol. i. Osteology: Upper and Lower Limbs. (Baillière, Tyndal & Cox.) Pp. 596. 12s. 6d. net.

As the title indicates, this book is a new departure in the way of writing anatomy. In the face of all the well-known books on anatomy, a man must be very bold to attempt to push in a new one and supplant old favourites unless he has something very good to offer. The chief charm possessed by this one is, we are told, that it combines practical with systematic anatomy thus reducing the student's expense and labour in buying and reading several works. Such a desire is very laudable, but to succeed must be ably carried out: we venture to suggest that the book does not succeed under either half of the title, for, regarded as a work on systematic anatomy, it is nothing like full enough, and looked on as a practical book, its notes of direction are too few and far between. The anatomy is arranged more or less as one meets it on dissection, the various regions of the body being described piecemeal, very much as in small Cunningham; after the whole limb has been described, one comes on ten or a dozen pages of minutely small print, with directions how to proceed to dissect each region. The directions are rather inadequate, and in a practical book ought to be interspersed with the text, and not put in a lump at the end: it is much easier to follow a line of dissection if the stages of procedure are detailed as one reads the description.

This volume is given up to Osteology, the upper and lower limbs. With the substance of the book itself we have no quarrel; the facts are there in a perhaps somewhat terse style, and the illustrations are good.

The work has the advantage of being in two volumes, and hence is a comfortable one to read. Nevertheless we do not recommend it in place of the present text-books.

In Lighter Vein.

CHRISTMAS TREE IN THE THEATRES.

Christmas was its usual success at Guy's, but *the* feature of the week was the Christmas tree in the new theatres.

It was a most exclusive affair, and many were the applications for tickets.

Precisely at the hour of four, the happy ticket-holders swarmed in, regardless of the groans of disappointment of their unfortunate medical colleagues, and the doors were secured with a domette bandage and several of Mr. L—e's safety pins.

The distribution of gifts was undertaken by Coles, assisted by the Registrar, who looked sad and preoccupied, and proceeded to take a section.

Mr. F--e could not restrain a chuckle of delight as two pair of bone forceps (Lane) were passed into his eager hands, and he murmured softly, "What *does* he do with these?"

Here Mr. L—e was seen button-holeing the Superintendent, and asking for more light, "any kind except what we have got would be so *very* nice, don't you think so?"

Mr. G—g-B—d turned sulkily round and said he always knew the Staff had to give way to the nurses, and supposed that was why the old theatre had not been used for the occasion, but recovered on being reassured that it was being reserved for his use only.

Mr. S—s caused a diversion by fainting, and only recovered under the influence of sterilized saline, "straight from the bottle, please, Sister!

All the ward-clerks received sterilized overalls, in spite of the loud remonstrances of the theatre sister.

At this point Mr. L—e's H. S. was observed to be administering anæsthetics at 1d. per whiff, with a patent cone; and was scarcely rescued from an infuriated mob. Utter confusion reigned till the R. S. O. produced his watch, and, in a stentorian voice, announced, "Ten o'clock, and time all the nurses were off duty."

There was a sudden stampede to the door; and once more order and quiet fell on the theatres.

ONE OF THEM.

Sport.

Rugby Football.

GUY'S v. OXFORD UNIVERSITY.

Played at Honor Oak Park on January 30th, 1907. The ground was in good condition, and there was a cold strong wind blowing diagonally across the ground from the pavilion end. Guy's won the toss and played with the wind. Cozens-Hardy kicked off and Lee returned with a long kick to the Oxford twenty-five. The ball was knocked on and a scrum was formed in the Oxford twenty-five. Our backs then started passing, but McEvedy fumbled, and the Oxford forwards rushed the ball down the field. Jones saved with a kick which did not find touch, and the ball was returned to Harrison, who kicked over the goal line, making Oxford touch down. After the drop-out Lee made a nice run, but was tackled, and some scrambling play followed. The Oxford forwards made a rush, but Jones saved with a kick which went to Davies, who made touch just outside our twenty-five. Plemmer then made a good opening, but was tackled. McEvedy relieved with a kick, but the ball was returned by Milton to our twenty-five. Laver dribbled the ball back to half-way, but the Oxford forwards responded with a rush. Harrison fielded the ball, but being tackled passed to Jones, who found touch with a long kick. From the line-out Saunders secured the ball and put in a kick which went over the goal line and was touched down. Jones returned the drop-out to their twenty-five. We then took the ball up to our opponents' goal-line and they carried over. A scrum five yards was given. The Oxford forwards worked the ball back to half-way and their backs got going, but McEvedy intercepted and ran up to the back, but being tackled passed to Alcock, who passed forward. During some forward rushes Pinching was given off-side, and their kick made ground. Their back division got the ball and kicked high, Lee fumbled and they reached our twenty-five. From the scrums that followed they got the ball away well, but our defence was very sound. Saunders worked the ball back to half-way, but Williamson returned it to our twenty-five. In a rush Monaghan kicked to the Oxford back, and Lee following up collared him. The game was stopped for a few minutes owing to Jones being hurt. Oxford got up to our goal line, where they remained for some time, but could not penetrate our defence. Lee relieved the pressure with a long kick into touch. From the next scrum Monaghan got the ball away, and McEvedy ran some distance and cross-kicked to Morgan, but the ball fell a little short. Soon afterwards half-time arrived with no score.

After a few minutes' interval Saunders restarted the game; his kick was not taken clean and it was knocked into touch. Immediately afterwards our forwards rushed the ball over, but failed to score. McEvedy returned the drop-out to half way. From a scrum the ball was passed

to Jones, who made a good deal of ground and passed to Lee, who was collared. The Oxford forwards took the ball back to half way, and from a scrum Laver passed out to McEvedy, who in turn passed to Stringer, and he was only pushed into touch ten yards from the goal line. Our backs soon started another passing movement, but fumbling let Bachelor get through with the ball at his feet; he would have scored had not Morgan easily overtaken him and kicked into touch. Oxford were now very near our line, but a grand rush by Saunders and Archer relieved the pressure. Jones passed out to Stringer, who failed to take it, and Laver saved with a kick which went to Davies, who had a shot at goal, but the ball went dead. McEvedy dropped out, and the ball was knocked on about the half-way line. The Oxford forwards then did some splendid work and took play right on to our goal line. The play was very strenuous for several minutes on our goal line, but our defence was perfect, and eventually relief came through a grand rush by Saunders, Alcock, Archer and Mullins, who took the ball to half-way. Williamson then got through and found touch in our twenty-five, but our forwards again took the ball to half-way, but Davies fielded and found touch in out twenty-five. From some loose play Lee got possession and found touch with a long kick. A passing movement by Laver, McEvedy and Lee gained ground, but Mullins was given offside and the play returned to half-way. Shortly afterwards Oxford were given a free kick for "foot up," and the kick found touch in our twenty-five. Our forwards again relieved, but kicked too hard to Davies, who failed to find touch, and Morgan found touch with a nice kick. The Oxford forwards attacked but kicked too hard, and Harrison touched down. The drop out was returned by a beautiful kick which found touch only five yards from our line. Tight scrums followed, but Archer took the ball to the twenty-five line. Play returned to mid-field. Cunningham then kicked to Harrison, whose return failed to find touch, and Marsden fielded and ran for some distance. He being tackled, passed into the centre, Hinde intercepted and kicked across, but McEvedy failed to hold the ball. Our forwards then put in some good work, but Pinching was offside. Play returned to our twenty-five, and from a line out Saunders took the ball and put in a long kick. There were only a few minutes more and play ended in mid-field, the result being a draw, with no score.

REMARKS.—The game was somewhat spoiled by the wind, which made passing very difficult. The Oxford forwards played a fine game, and got the ball five times out of six in the tight scrums. Our seven forwards did very well against so good a pack. In the loose our forwards were a little superior—some of their rushes being irresistible. The Oxford halves played very well, but were too well looked after to be really dangerous. The tackling among the forwards on both sides was very keen. Our defence was splendid, being much too good for the weak Oxford three-quarter line. Laver and Monaghan worked hard and saved well. McEvedy made a great "rover." Saunders and Alcock were at the top of their form; while Morgan was, as usual, magnificent.

As a strenuous struggle from beginning to end, the game was well worth watching, but the play was hardly open enough. If we could have got the ball more often in the tight scrums we might have won, but owing to Oxford getting the ball so often, our backs were mainly defending. We did not kick often enough in the first half, when we had the wind in our favour.

There was a fair crowd of spectators, and the grand stand was almost full. Teams:—

OXFORD UNIVERSITY.—Davies (back); Bachelor, Milton, Cunningham and Marsden (three-quarters); Williamson and Plemmer (halves); Cozens-Hardy, Hoskin, Hodges, Gardner, Wix, Hoadley, Howard and Roberts.

GUY'S.—Harrison (back); Morgan, Lee, Jones and Stringer (three-quarters); McEvedy (rover); Laver and Monaghan (halves); Saunders, Pinching, Alcock, Mullins, Archer, Hinde and Crook (forwards). Referee, E. F. Walker.

Papers by Guy's Men.

Some Observations on the Morphology and Biology of the Micrococcus Melitensis. By J. W. H. Eyre, M.D., F.R.S.—*Journal of the Royal Army Medical Corps* for February, 1907.

An Address on Opsonins and their Utility in Practical Medicine. By Herbert French, M.A., M.D. Oxon.—*British Medical Journal*, 2nd February, 1907.

On a Case of Acute Illness supervening during Menstruation. By Thomas Holmes, M.D., M.S. Lond.—*Ibid.*, 26th January, 1907.

Orthopœdic Surgery. By A. H. Tubby, M.S., F.R.C.S.—*The Practitioner* for February, 1907.

Birth.

GREEN.—On January 29th, at Newbold Gate, Chesterfield, the wife of Albert Green, M.B. Lond., M.R.C.S., of a daughter.

Marriage.

SIMSON—CLARKE.—On January 17th, at St. George's, Hanover Square, by the Rev. Canon Bristow, M.A., of Southwark Cathedral, assisted by the Rev. Daven Jones, B.A., Vicar of Kidwelly, and the Rev. David Anderson, M.A., Rector, Captain Harold Simson, R.A.M.C., third son of Thomas Simson, of Blackheath, to Kate Litton, eldest daughter of Ernest Clarke, M.D., F.R.C.S., of Chandos Street, Cavendish Square, W.

ED.—C. L. L.

GUY'S HOSPITAL GAZETTE.

VOL. XXI., No. 487.] FEBRUARY 23, 1907. [SIXPENCE.

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Passim.

THE Special General Meeting of the Students' Club, held on February 8th, to consider the report on the catering question, calls for little comment. The report of the Committee, on the contrary, calls for a great deal. The question, however, is if any good purpose can be served by criticising so strange and extraordinary a production as that which emanated from the seven gentlemen who set themselves seriously to consider a matter of vital importance to the welfare of the Club. We did not expect, and we scarcely hoped, that the Committee would tackle the matter in a clear, sensible, and businesslike spirit, but it was reasonable, at least, to hope that the final report would be definite on some points. Yet, even by stretching courtesy to breaking point, one can scarcely call it a definite report. The Committee has not, indeed, sought refuge in the coward's counsel, *in medio tutissimus*, but it has apparently as vague ideas about such important matters as "goodwill," "credit," and "liabilities," as it has upon the grammatical question as to whether the word "Committee" should be followed by a verb in the singular or plural number.

As the matter stands, the Committee has not done much for which the resident or the casual diner in the hall can feel whole-heartedly grateful. It—or rather its report, backed by the known feeling that a change is desirable—has induced the College Committee to consider the whole matter. The result is that there is to be a change of caterers, the change to take effect within the next few weeks. The Catering Sub-Committee remains. It is to be hoped that it will justify its existence by meeting the caterer, not twice a year as proposed, but as frequently as possible. Only by fully and clearly understanding the wishes of members, as conveyed and expressed by the Catering Sub-Committee, can the caterer give satisfaction, and obviate future misunderstandings as regrettable as those which have led to the present tangle.

BEFORE leaving the Students' Club and its concerns, a word of grateful appreciation is due to Dr. Pye-Smith, who has resigned the Presidency of the Club. He took a personal, active interest in the Club; he attended the meetings, often at short notice, and often, too, we regret to say, to meet a small and indifferent audience, and he showed in many ways that he had our interests at heart. How valuable and helpful his assistance has been the Committee knows

well enough, and we feel sure that members, individually and collectively, are fully conscious of the loss to the Club his resignation of the office he has so long and so ably held entails.

If anyone wanted tangible proof of the vitality of the Dental Society, the success of last Saturday's dinner at the Trocadero would be sufficiently convincing. Not the least important feature of the evening was the attendance of the members of the Medical and Surgical Staff, and their testimony to the usefulness of the Society. Dental men, we understand, do not make a point of attending the Biennial Dinner, nor do their colleagues in the larger profession generally attend the Dental Dinner. In a way, this drawing of a sharp line of demarcation is to be regretted and deprecated. We should like to see an annual gathering of Guy's men, members of that large union which knows only one prefix, that of Guy's, unqualified and unconditioned by subsidiary prefixes such as "dental," "medical," or "surgical." The usefulness of such social hospital functions as dinners cannot be over-estimated, and the more fully they serve to bring dental men and ward men together, the better will it be for our confraternity of Guy's men.

Mr. Golding-Bird—than whom no one speaks more wittily or wisely when he is in the unhappy position of having to make an after-dinner speech—touched bed-rock when he said that the main advantage of societies like the Dental and Physical Societies, lies in the possibilities they offer for self-education. The proposal made by another speaker, namely, that the Society should actively work at some scientific subject, is a hint which other of our student associations might profit by. One of them, as we know, is doing good work, though of a kind which does not immediately appeal to the man who wishes to see epoch-making reports produced in the shortest possible space of time. We refer to the "Stitch Committee" of the Physiological Society, whose results will doubtless prove interesting enough when they are published. But the other societies are doing little to justify their claims as serious working associations. Perhaps they are working in silence, so that the ordinary man hears little about them. At any rate, the good work that the Dental Society has been and is doing, is hardly appreciated outside its immediate membership.

There is a story told of St. Thomas Aquinas, that when asked who was the wisest man, he is alleged to have remarked: "He who readeth and meditateth upon one book." To that dictum there are few who will not take exception. Doubtless in the days of the great logician it was easy enough to be wise with one volume. "He speaks like a book" dates from that time, and St. Thomas himself found that, armed with the Gesta Romanorum, a pestilential heretic was more than a match for the most skilled dialectician. But, nowadays, the "one man, one book" theory is no longer tenable. Perhaps it is true, as we have heard it stated, that a man may obtain honours in Surgery on Pick alone, or in Forensic Medicine on Poore, but it is a statement "open to grave question." The man who read Pick probably learned most of his surgery at out-patients, and the disciple of Poore very likely got the major part of his knowledge from attending Sir Thomas Stevenson's lectures. There is a tendency, on the part of medical students as much as on the part of law readers, to exalt one book or one authority immeasureably over the rest. In a mild form it is a good tendency, for it shows, at least, that the enthusiast is sensible of the good that lies in one direction, however much he may be oblivious to the benefits to be derived from studying other authors. Carried to excess it becomes a vice that is only excusable, perhaps, when the taste of the fanatic agrees with our own. It is safe to doubt whether anyone ever passed his professional examinations "on one book," and it is equally safe to question if anyone ever made a good practitioner who never went outside the profession, and sandwiched "general literature" between his weekly meals of medical lore.

For that reason we are heartily in sympathy with "Bibliophile," who wishes to enlarge his lay library, and invites our suggestions. At the

same time, with all due respect to our correspondent, we venture to think that he has chosen his pen-name inaptly. Scarcely is he a true lover of books who desires to amass, by the blunt expenditure of such a sum as our correspondent offers, a stock of books which are to become his friends throughout life. It is a proceeding—this callous buying a shelf-full for so much—that savours unpleasantly of the slave market, or of the methods of the illiterate rich, who purchase their books by the yard, and deny everything that is not tooled half calf. The real bibliophile is he who is sensible of the truth underlying Milton's aphorism that "a good book is the precious life-blood of a master spirit treasured up on purpose to a life beyond life." Such a man enlarges his library as he does his circle of intimates, and values more the paper covered edition that holds a minimum of unadulterated truth, than the morocco-bound series in which is enshrined a maximum of ephemeral trash.

But, after all, "Bibliophile" will not thank us for moralising on book collecting in general. What he wants is advice how to spend his money to the best advantage, and, frankly, we do not desire to give him any advice on the subject at all. Taste in books is as incomprehensible as taste in wines or soups.

> Who shall arbitrate?
> Ten men love what I hate,
> Shun what I follow, slight what I pursue.

Many people have drawn up lists of the hundred best books—Lord Avebury is a case in point—yet who of us will cordially agree with the choice they made? Did they not leave out first-rate works, and put in their lists third and fourth-rate productions which have no right to be considered masterpieces? Probably no man will appreciate another's selection, and equally probably no man will appreciate his own selection after a year's reflection. Some books are acceptable only at certain times, and he would be a bold man who ventures to dictate to another what books to get, just as he who allows himself to be so dictated to would be unworthy to possess the best books. Under the circumstances we must decline to advise our correspondent. At the same time, it is a matter on which some of our readers might feel fewer scruples. If that be the case we trust they will favour both "Bibliophile" and the Gazette with their suggestions, which will be given full and unprejudiced publicity.

The dreariness of a Sunday afternoon spent in hospital is well known. Consequently the announcement that a series of Concerts is to be arranged to take place in the Hospital Chapel on Sunday afternoons will be received with great satisfaction, more particularly by those of the Resident and Nursing Staffs, whose appointments do not permit of their absence from the Hospital on Sundays. The first two of the series are fixed for March 10th and April 21st, respectively, at 3 p.m., and it is proposed that each should last about one hour. We are able to announce that the Organist of St. Saviour's and some of the Choristers will assist at the first Concert, and we hope that many will avail themselves of the opportunity of hearing good music and showing their appreciation of the efforts of the Committee which is arranging the concerts.

At the meeting of the Physical Society, to be held this evening at eight o'clock, in the College Smoking-room, Mr. G. W. Goodhart will read a paper on "The Atmosphere as a Factor in the Aetiology of Disease."

We are asked to draw the attention of intending competitors for the Treasurer's Prize offered by the Physical Society, to the announcement that the essays must be in the hands of the Secretaries on or before March 12th next.

The annual dinner of the Debating Society will be held in the College on Saturday, March 2nd. Dr. Savage will preside, and will give an address on "Travel Talk, chiefly Alpine." A good musical programme has been arranged for the evening. Tickets, price 3s., may be had on application to the secretaries, or at the bar.

ON Monday next, the 25th inst., Dr. Pembrey will preside at Messrs. Fremantle and Eddis's election meeting, particulars of which appear in this issue. We trust that there will be a good attendance, both of those who agree with and of those who differ from the policy to which Mr. Fremantle adheres. Medical students cannot too soon take an interest in these questions of communal politics. In after-life, in practice, they may be called upon actively to participate in elections, and a knowledge of the essentials of the business will be of great value. At the last general election many Guy's men, we understand, did good service as canvassers, and those who are interested in the present L.C.C. election might well do something to help on the candidature of an old Guy's man, whose election (no matter whether his plank be Moderate or Progressive) is sure to be welcomed by Guy's men generally.

The "Bryant" Fund.

THE secretary announces a fourth list of subscriptions to the above fund, and hopes that all intending subscribers will send in their names as soon as possible, so that the capital sum may be invested.

	£	s.	d.
Dr. G. Newton Pitt	21	0	0
Alfred Allport, Esq.	10	10	0
Hugh Davies-Colley, Esq.	5	5	0
A. H. Tubby, Esq.	5	5	0
*Dr. A. J. Cleveland	3	3	0
*S. G. Layman, Esq.	3	3	0
J. Moore, Esq.	3	3	0
Dr. A. H. B. Kirkman	2	2	0
Major S. E. Prall, I.M.S.	2	2	0
Dr. J. M. Thorne, junr.	2	2	0
Dr. J. N. Gardiner	1	1	0
Dr. W. R. Grove	1	1	0
E. L. Norton, Esq.	1	1	0
Dr. N. H. Pike	1	1	0

* Subscriptions payable in three annual instalments.

THOS. G. STEVENS, Hon. Sec.,
8, Weymouth Street, W.

BOOKS RECEIVED.—St. Bartholomew's Hospital Reports; Palmer's Massage; Owen's Cancer Treatment; Burrow's Abdominal Surgery (Treatment) for Nurses; Schäfer's Histology, new edition; Meachin's Skin Diseases; Baily's Care of the Insane, Part I.; Clubbe's Intussusception.

Guy's Physiological Society.

ON January 7th, Mr. Duvivier read a paper on the "Evolution of the Mind." It was suggested that mind is a fundamental property of matter, and excitability the expression of mind in protoplasm. Evidence was given to show that there is no more complex mind involved in the reflex than that of general excitability, the apparent purposefulness of the response being the inevitable application of the law of natural selection. Some instincts are dependent on previous anxious acts of former generations, and have grown from them. Habit was described as the autogenetic representative of that process. Sensations were brlefly considered, and the essential necessity of organs and memory for its existence. The development of new organs from general protoplasm was traced and it was shown that a retention of stimuli, as for example, the summation of subminimal stimuli, is the basis from which evolved our associative memory—a retention of sensations. Experimental evidence was produced showing how localisation of psychical functions is rendered impossible, the brain as a whole being concerned in the process of association. Ideas were explained by a comparison of perceptions (sensations referred to space and time) which led to the abstraction of the properties of matter from matter itself. A succession of ideas produced thought, and a deductive succession, intelligence and reason. The high intelligence of man is due to two reasons—opposition of the thumb and social life. Will is not a special faculty of the mind, but comprises two different activities, an activity of associative memory, and a muscular activity. Both these result from an external stimulus, and are not interdependent. There is no mind without matter, and conversely, matter does not exist without mind.

On January 21st, an interesting paper was read by Mr. D. Mitchell, on "Treatment of Degeneracy." Degeneracy, in the shape of progressive deterioration, does not affect the nation to any extent, but is exacted in some of the poorest classes. Heredity was mentioned, and the connection between civilisation and degeneracy treated briefly. Overcrowding was cited as one of the chief causes of degeneracy—other undesirable conditions being those of alcoholism, immorality, and those affecting the life of the juvenile population. It was suggested that insanity is almost entirely due to the same causes that operated in physical degeneracy. Some remedial measures suggested were a pre-matrimonial medical examination for both men and women to eliminate unsuitable marriages, and that infants hopelessly crippled at birth, physically or mentally, should not be allowed to live.

W. L. HIBBERT, Hon. Sec.

"To my Young Friend Just Qualified."

If it were the custom of this paper to take over articles *in extenso* which have appeared in other papers—and we may at once say, for the benefit of those readers who from time to time favour the editor with slips for reprints, that such a custom has never been honoured by the Gazette—the temptation to reset, as a whole, so excellent an article as that of Dr. Cornu, contributed to a recent issue of "La Clinique," would prove irresistible. Rarely indeed does one happen, in that methodical perusal of numerous—and let it be added in some ways supremely uninteresting—medical exchanges which is imperative upon one who desires to keep in touch with his contemporaries, upon a paper so sparklingly brilliant, and at the same time so solidly worthy of attention, as this letter to "my young friend newly qualified." After reading it one likes to imagine Dr. Cornu as a stout, florid-faced, genial practitioner, good-naturedly cynical, yet withal optimistic with the optimism of one who feels that life is worth living, even as a doctor of medicine. We confess—though it pains us to make public such ignorance—that we do not know who the worthy man is. If in ignorance we err in assuming that he is old, the error carries its own apology when we say that only the mellowness of age, brought by experience and the tempered enthusiasm which has withstood the ruin of ideals, could have produced so charmingly ironical an article. Only an old man, old in years but essentially juvenile in spirit (for is it not true that "the great man is he who retains his child heart"?), can talk in that strain to the novice. Under the circumstances we make no apologies for giving the following extracts from the letter, in the hope that they will prove as acceptable to readers of the Gazette as they have been to the methodical reader of the exchanges.

Dr. Cornu begins by felicitating his young friend on the latter's newly-acquired honours. "You have acquired the State's license to intervene between Life and Death. One is a labyrinth; the other an abyss. . . . Let your foremost duty be modesty. Just glance at that diploma of yours. It is written on the skin of an ass. Pray do not resent the inference. It is a tacit injunction to you to be patient, courageous and gentle. Perhaps you think you are out of the wood, but you will find that a new and tiresome apprenticeship awaits you. You are now a doctor: it remains yet for you to qualify as a practitioner."

With this cheery commencing exhortation, of which our translation is, alas, hampered by the inability to be literally exact and yet to keep the elegance of the original, Dr. Cornu leaves the congratulations and descends to fact—to fact blended with moralising, the truth of which old practitioners will readily admit.

> "So far you have practised art for art's sake. Now do it for a livelihood, and how many of your ideals will survive the process? At the hospital the patients were yours; in future you belong to your patients. . . . You will always have to bear in mind the obligation to please. Your prescriptions will have to be modified to suit the whims and tastes, the indifference or the passions, of your patient. Before you have thrice listened to the râles of a pneumonia, you will forswear your masters by ordering a blister in deference to your patient's expectations, and you will prescribe useless drugs because you will have to do something to justify your attendance. Your first duty, indeed, is modesty, but your first obligation is cocksuredness. The one is a scientific duty, the other a trade obligation. Take my word for it, in the struggle for existence, sentimentalism is a weakness and even a psychological danger. Your sentimentalism will hinder you when you limit the number of your visits in order not to scare a nervous patient whose recovery is quite certain. Take heed lest a false conception of honesty makes you hesitate to visit your vain, apprehensive patient unnecessarily."

Then in a strain that is frankly, yet genially, cynical, he goes on to give some advice regarding expectations.

> "Do not raise a regrettable misunderstanding between you and humanity at the start. Never look for gratitude. This flower of evil may raise its head in the shadow of pain, but it fades in the first rays of convalescence, and will be sent back to you, sere and yellow, between the leaves of your bill. What claim have you got? You were only following your calling, my young friend, following it for money, and as soon as you are paid the matter ends. If some eccentric person happens to think that something may be due to you after he has paid you, look upon the fact that he does so as an anomaly, as a purely subjective mistake as to the scope of a social obligation. Do not set it up as an example or a precedent. Strictly speaking, the obligation should be on the other side. It is you who must be grateful, for did he not give you the opportunity, among the many instances in which your intervention proved futile and useless, of showing that you and your art are necessary evils? Did he not flatter your intelligence and renew your courage?

"Then, too, please bear in mind that your reputation does not in the least depend on your scientific attainments, or on your devotion to duty. Your science? My dear young friend, who is to estimate it. The outsiders who are supremely ignorant?—you, who view it through the deforming prism of a thousand false ideas and insurmountable prejudices? . . . Reflect:—The quack who has just cured a hysterical patient will acquire vastly greater renown than the clear-sighted and conscientious physician who originally made the diagnosis. . . . Devotion to duty? Do you mean your personal sacrifice at the bedside of a cholera patient? A mere trade risk: the man who tiles the roof displays the same sort of heroism. No, what your patients will judge your devotion by is the promptness with which you respond to their call. And your haste in responding to that call will soon become a snare, and when you decide to put your foot down, you will reap a rich harvest of anathemas.

"Do not hope to create an impression by your knowledge of diseases, but by your knowledge of human nature, of men. The more illusions you bring with you, the more will the reality bruise your delicacy of intelligence and sentiment, the deeper will be your fall, and the more dangerous the depression which experience is holding in wait for you. Look upon humanity from the summit of the mountain of disdain. On the road whither you are summoned by human suffering, through the pitfalls and thorny bushes of foolishness, if your respect for mankind is not protected by the triple armour of which the poet sings, the last trace of it will have been carried away before you have been five years in practice. At that stage you will know, not the fugitive, indulgent disdain that smiles and pardons, but the withering contempt that holds fast, that mocks and extorts."

This is all very brutal, but it is the kindly brutality of Parson Wilbur, who as we know made observations, "in an exceedingly cramped chirography," now on the measurement of an extraordinary head of cabbage, and then on the cerebral capacity of some reverend brother lately deceased. Dr. Cornu does not indeed go so far as to say that all this big talk of the doctor's destinies

"Is half of it sentiment, t'other half rum,"

but like Josiah he puts the worst complexion on things to drive home his moral with the greatest effect.

"I am telling you all this," he writes, "because I give you credit for being of a generous mind. If you are not troubled with too abstract a conception of science, and have no high human ideal—well, good luck to you. Wring a cock's neck in sacrifice to Esculapius, and pray the god of the twining serpents to maintain you throughout your career in a state of diligent mediocrity. You will be on the same level with your public; you will please without effort; your object in life will be not to cure the patient, but to pile up the visits; your cures will be slow, your mistakes remunerative. Conveniently propped up by books you have never mastered properly, or bold 'lines of treatment,' you will elaborate for yourself an imperturbable and simple rule of thumb. You will not allow yourself to be swayed by that impertinent entity called experience. You will be the impulsive therapeutist who gives each symptom tit-for-tat, the simple strategist who rushes to the cannon's mouth, in whose hands polypharmacy provides a liberal supply of shrapnel to make up for any lack of precision in aim. You will give disquieting diagnoses and guarded prognoses; you will daily cure cases of diphtheria and meningitis. In deference to the modern trend of ideas, you will squander serums galore. Masked by the dust of your automobile, with its indefatigable tooter, the passers-by will celebrate your triumph in dithyrambic and sternutatory fashion, a triumph, my young friend, that can be converted into money. Aurea mediocritas. And in the course of time you will acquire a peace of mind that would never have been yours had you taken science for a guide. You will be the fly fluttering round the coach sunk in the mud of human health, satisfied with your achievements, and proud of your buzzing restlessness.

"What, my dear young man? You don't like it?

"I should be sorry for any words of mine that could cast doubt on honest endeavour. Perhaps I have inconsiderately laid on the colours too thickly. My intention was to warn you of the wayside perils. But there are concessions that are permissible and honourable between one's principles and implacable reality. To realise how far you may compromise with your science and your self-respect without betraying the one or the other, to know how to capture the esteem of the ignorant public, is a problem which you may set yourself to solve in perfect honesty of purpose. You are now a doctor; you are yet to become a practitioner."

These extracts give but a partial idea of the paper as a whole, and to those who wish to revel for half an hour in Dr. Cornu's genial half introspective, half retrospective monologue, the original article (or the excellent translation of it which appears in *The Medical Press* of January 16th) will prove as interesting as it is readable, instructive and amusing.

The Catering Question.

The Extraordinary General Meeting.

A special general meeting of the Students' Club was held on February 8th in the Physiological Theatre.

Dr. Hale White took the chair at 4.30.

After the minutes had been read by Mr. Cameron and signed, Mr. D. Reynolds proposed, and Mr. E. A. Collins seconded, that the report of the committee, a copy of which had been handed to every member present, should be taken as read. This proposal was carried.

In opening the discussion on the report, Dr. Hale White said that the first paragraph was mainly explanatory; and that the second, third, fourth and fifth paragraphs were the reasons of the committee for the recommendation in paragraph six, viz.: "That the committee is of opinion that the suggestion of the general meeting of the Students' Club that a steward should be appointed is impracticable."

The adoption of this recommendation was proposed by Dr. Mann, and seconded by Mr. A. L. Foster.

Mr. Mandel called attention to the statement in the report that £1,000 would be necessary to inaugurate the undertaking of the club to do its own catering, besides £400 to buy the present stock. He could not understand why the £1,000 should be wanted at all, but thought that the club would pay its way with a small sum, say £50, to back it up.

Mr. Cameron said that before starting on such a scheme a balance was absolutely necessary, if only in order to obtain credit. Besides, he thought it would be necessary at least to have the steward's wages for one year in hand.

Mr. Mandel said that if we only just paid our way the £1,000 would not be needed.

Mr. Layton pointed out the difference between this club and any other. He said that as the committee must constantly be changing, they would never have sufficient experience to check the actions of a steward.

Dr. Hale White put the proposition to the vote and it was carried. He then called the attention of the meeting to the next paragraph, and said that since the report had been printed, communications had been received from three other large firms, which gave no hope. He himself had been on the committee in various capacities for nearly twenty years, and had always found that no large firm could be found who would take on our catering at a reasonable price.

Mr. Layton suggested that the first sentence of this paragraph, viz., "That the committee was unanimously of opinion that a change of caterer was advisable," should be taken first. He also pointed out that the committee had given no reasons for this and the subsequent recommendations, although in the first part of the report very full reasons for the committee's actions had been given.

Mr. Cameron said that in matters of this kind it is not so easy to give reasons, for it becomes a matter of personal opinion and vote. In the matters discussed in the first part of the report facts have to be found out first. He did not understand what Mr. Layton wanted to know.

Mr. Layton: Why this fellow should be chucked out.

Mr. Cameron: Because a much larger general meeting than this desired it.

Mr. Layton said he would like to know the number of meetings of the committee and the number of attendances of its members.

Mr. Stebbing wondered if the honourable gentleman were in order.

Dr. Hale White thought Mr. Layton was in order.

Mr. Layton then gave the number of meetings and the number of attendances.

Dr. Hale White thought that Mr. Layton was now out of order, for these facts were beside the point.

After further discussion the committee's recommendation was adopted by a large majority.

Mr. Cameron then gave some details about the correspondence with some of the large catering firms who had been approached, and showed that the club cannot hope for any reasonable offer from them.

The meeting considered, one by one, the five recommendations of the committee at the end of the paper. Several of these recommendations were altered; the second was not passed, and the fifth was added on as part of the fourth. As amended by the meeting and passed, they now stand:—

(i.) That the dinner ménu shall be more limited.

(ii.) That the rule that non-residents may not eat residents' dinners be revived and enforced.

(iii.) That a committee having consideration of the catering shall be appointed yearly at the annual meeting; that this committee shall meet the caterer to discuss any matters arising at least twice a year; that a convener should be appointed for this committee, and that a record of the attendances of its members should be kept for the information of the general meeting, together with a statement of the work done by it.

Dr. Hale White said that in passing this last resolution the meeting was out of order, for they were altering the rules of the club without giving previous notice. This resolution would have to be confirmed at the next general meeting before it could become law. He also wished to remind the meeting that Dr. Pye-Smith had resigned the presidentship of the Students' Club, and said that he personally could testify to the regular attendance and great interest which Dr. Pye-Smith had always shown as president.

Mr. Foster proposed that a motion of regret that Dr. Pye-Smith should leave us should be passed, and that it should be put in writing and sent to him by the secretary in the name of the club.

This was seconded and passed.

Votes of thanks were also passed to the committee, who drew up the report, and to Dr. Hale White for presiding.

The following is the main part of the committee's report:—

Your committee is also of opinion that it would be impossible for the Students' Club to act independently of the College Committee, and, by itself appointing a steward, to manage its own catering, even if the College Committee were willing to offer to rent the club premises to it on the present terms. The Students' Club has no capital and no credit. It is estimated that a sum of at least £1,000 would be necessary to inaugurate such an undertaking, to cover the expenses of rent, lighting, wages, and to pay for the stock of cutlery, table linen, and kitchen apparatus, valued at £400. The necessary supplies, too, must be bought, and tradespeople convinced that the club's financial position is sound. Any profit which the club made would have to be sufficient to pay, in addition to other expenses, the wages of the steward. At present the caterer takes office on the assumption that by hard work his profit will be about £300 per annum. With a steward substituted, the profit would certainly be no greater, and of that profit the salary of a suitable man would absorb the larger part. If, in addition, interest upon borrowed capital had to be paid, the club could hardly remain solvent.

Your committee is, for these reasons, of opinion that the suggestion of the general meeting of the Students' Club that a steward should be appointed is impracticable.

In the second place, the committee was unanimously of opinion that a change of caterer was desirable. They wrote to Messrs. Lyons, offering to recommend the firm to the College Committee. Messrs. Lyons replied that, after giving the matter careful consideration, they regretted that the work lay outside their line of business. In a personal interview, the manager of the firm refused to reconsider this decision. The committee regret that they can hold out no hope that any large firm will be willing to undertake the catering.

The committee desires to make the following recommendations:—

(i.) That the dinner ménu shall be more limited. That there shall be provided on each evening only one staple hot dish, beef, mutton, beef steak pudding, etc., but that other dishes, *e.g.*, chops or steaks, can be supplied by special order beforehand.

(ii.) That there shall be a revision of the tariff with a view to raising it where absolutely necessary.

(iii.) That the rule that non-residents may not eat residents' dinners be revived and enforced.

(iv.) That a convener should be appointed for the catering sub-committee, and that a record of the attendances of its members should be kept for the information of the general meeting, together with a statement of the work done by it.

(v.) That the catering sub-committee should meet the caterer to discuss any matters arising at least twice a year.

The Dental Student.

Air—"The Vicar's Song," from "The Sorcerer."

Time was when Guy's and I were well acquainted,
When first the Borough knew me for its own,
An earnest youth, with worldly thoughts untainted,
And wondrous wise on the parietal bone.
No one, I think, was more enthusiastic
Among all the probationary men
With deeds of derring-do and pints of mastic—
Ah me, I was a good young student then.

To many a thrilling lecture I have listened
With rapt attention and with bated breath,
To hear the tale with tears mine eyes have glistened
About the Oxford grampus's untimely end.
Those breezy pars from Tomes I would devour
With plat-du-jour, my daily régimen,
A proof, I ween, of great digestive power—
Ah me, I was a brave young student then.

My first day at extractions I remember--
Full many a maid there came from Sparrick's Row,
Whose quaint remark when she beheld the forceps
Was "that we should not now be long—wot o!"
With reassuring quip I would cajole her,
Instructing her to count the number ten—
I'd then extract a single-rooted molar—
Ah me, I was a proud young student then.

W. FLOYD.

[We are indebted to Mr. W. H. Pilcher, whose rendering of these topical verses was enthusiastically appreciated at the Dental Society's dinner, for the three verses printed above. They were written by Mr. Floyd for the first Dental dinner, twelve years ago, but we venture to think that they will appeal just as much to Guy's men to-day as they did then. Their publication, too, may stimulate someone to attempt the greater task of writing a Guy's song.—Ed.]

Pupils' Physical Society.

A Pathological Meeting of this Society was held on Saturday, February 9th, Mr. Rippmann in the chair. Many specimens of interest were exhibited, and all provoked discussions.

Among others the following were particularly striking:

Cases of Fractured Neck of the Femur (intra and extra capsular).	Mr. Thompson.
Acute Colitis after a Gastrostomy.	Mr. Roberts.
Healed Aneurysm of the Aorta.	Mr. Macalister.
Adenomatous and Cystic Thyroid.	Mr. Watson.
Œsophagus showing Varicose Veins.	Dr. Bell Walker.

Some Convulsive Disorders.

CLINICAL LECTURE By Dr. FREDERICK TAYLOR.

Gentlemen,—I have chosen for to-day's lecture a case which is not in itself very important, but which may serve as a text for the consideration of the various morbid muscular movements occurring in different conditions of disease. Four years ago* I delivered a lecture on "Some Convulsive Disorders," but on referring back to the lecture I find that I dealt with a very small part of the subject; and there is left a very large section, with a part of which I propose to deal to-day.

The case is that of a boy, æt. 14, who was admitted into Clinical ward on November 22nd, with inability to speak, and twitching of the lips and of the left arm. He has always had good health, except for a fit five years ago, when at school. The mother could say very little about it; he was well in three days' time. Until six o'clock on the night of Sunday, the 18th, he was quite well. He was then sitting in the kitchen, and the mother noticed that he was making faces. She found also that he was not conscious, and when she spoke to him he did not answer, but seemed to be supported only by the back of the chair, and when she moved him he fell into her arms. He continued to make faces, and the fingers of the left hand were noticed to twitch. She says he was unconscious for about eight hours. Nevertheless, he made his parent understand what he wanted by signs, and by moving his lips. He has always got on well at school, and was considered clever. On admission, he is healthy-looking, but his lips are constantly twitching, and he moves his head from side to side. He also moves his left arm occasionally; and all these movements are worse when he is looked at. When told to, he puts his tongue out, and then continues shooting it in and out of his mouth. He does not speak, though he apparently tries to. He nods his head for "yes" or "no." When asked to write, he holds the pencil quite well, but the word attempted is illegible. He will not hold his arm up when told, but when one tries to hold it up he tries to pull it away. He can sit up. When the legs are examined they are sometimes quite stiff, and at others quite flaccid. The knee-jerks are present; plantar reflex flexor; no ankle clonus; no optic neuritis. He was ordered bread and milk, and Mist. Ammon. Effervescens. When his meal was given to him in the evening of the 23rd, the bread and feeder were left on the locker. When the nurse was away, he picked the feeder off the locker and drank the milk. Later he ate the bread, after some persuasion from the Sister. On the 24th, a faradic current, of moderate strength, was applied, at first to the shoulder and arms, and, after two or three minutes, to the side of the neck. During the application he began to groan, and his groanings increased in strength until ultimately he cried out frequently. But he never spoke. During the following night he spoke to the nurse, and the following morning, and on the following day, he was speaking quite well. A few days later he went out well, the movements having entirely ceased.

I may say at once that we had no hesitation in determining that these movements were of a hysterical nature. A closer analysis of the movements of the lips showed them to consist of somewhat rhythmical contractions of the muscles of the lips—orbicularis oris, levator labii superioris, and others, which resulted in projection of the lips forward and their retraction, reminding one most of all of the familiar movements of the rabbit's mouth which go on so constantly. Their association with the fit of unconsciousness previously, with the slow lateral movements of the head, and with a curious stolid, apathetic unwillingness to make any great effort to speak, which was obvious, confirmed the view that they were hysterical in their nature. The only disease, indeed, for which this could be mistaken, was chorea; and I shall discuss the diagnosis from that point of view later.

On the occasion of my lecture four years ago, I placed before the class the following list of spasmodic or convulsive disorders:—

Tonic Spasms.

Trismus.
Tetanus.
Tetany.
Opisthotonus.
Spasms in Meningitis.
Spastic conditions in Cerebral and Spinal disease.
Myotonia Congenita (Thomsen's disease).
Writer's Cramp.
Hysteria.
Catalepsy.

Tremors.

Senile.
Alcoholic.
Saturnine.
Graves' disease.
Nervousness.
Muscular Exhaustion.

* Guy's Hospital Gazette, 1902, p. 229.

Paralysis Agitans.
Multiple Sclerosis } Intention Tremors.
Mercurialism }
Rigors { Toxic. / Nervous.
Fibrillary Tremors.

Clonic Convulsions.

Organic Cerebral Disease.
- Tumour.
- Meningitis.
- Injury.
- Vascular Lesions.

Epileptic.
Uræmic.
Alcoholic.
Puerperal.
Infantile.
Hysterical.
Clonus of Cerebral and Spinal Lesions.
Chorea.
Athetosis.
Spasmodic Wryneck.
Myoclonus.
Associated Movements.
Spasmodic Tics.

They are divided, as you will see, into three classes: Tonic spasms, tremors, and clonic convulsions. About the former I shall have nothing to say to-day, nor shall I say very much about tremors, except in so far as seems desirable from the fact that it is somewhat difficult to draw a distinction between tremor and clonic convulsions. You may well say, "How shall we find means of drawing distinctions between the very numerous forms of tremor or clonic convulsions which are mentioned in these lists?" There are undoubtedly differences between them, and we may find the differences in respect to the following points. That in different diseases these differ (1) in extent, that is, in the amount of excursion of the limb or part which is moved by the contraction of the muscle. They differ (2) in their constancy or continuousness; that is, the length of time over which they may be continued without material interruption. They differ (3) in the relation of contraction to relaxation in the muscles concerned. Thus, there may be a regular alternation of contraction and relaxation, or there may be a sharp contraction followed by a slow relaxation, and that, perhaps, by an actual pause. They differ (4) in their localization, that is, the extent or part of the body which is affected. They differ (5) in their simplicity or complexity, that is, whether one or two muscles are concerned in the simplest possible movements, or whether two or three or more muscles are concerned in a combined and co-ordinated action. They differ (6) in rapidity. Now these differences give, one would think, a good deal of opportunity for discrimination between the movements in different disorders. But it must be allowed that, with regard to the movements classified under tremors, there is not so much difference as one would like to see. For instance, the tremulous movements named senile, alcoholic, saturnine, that due to exophthalmic goître, nervousness, exhaustion of muscles, and paralysis agitans, present a considerable resemblance in that they are all of them—at any rate in their lesser degrees—uniform very slight movements of alternate contraction and relaxation of opposite muscles, the movement of each individual part perhaps not more than one-twentieth of an inch. They are, as a rule, not more than the slightest shaking or agitation of the fingers, arms, possibly head, tongue, or other part affected. This shaking, of course, must be due to contraction of muscle. Under certain circumstances the movements may be more extensive, amounting to an obvious quarter of an inch. In a pronounced case of paralysis agitans, also, the movement is as well marked, but still uniform alternate contraction and relaxation of muscle. In nervous agitation, as perhaps all of us know by experience, the movements may be very much more extensive, and one has seen before now a nervous lecturer trying in vain to drink a glass of water to moisten his parched mouth, and the water jerked right and left in consequence of the movements, which far exceeded a quarter of an inch. In multiple sclerosis and in mercurial tremors, one character is generally distinctive, and that is the fact that these movements are brought on by attempted action, whereas the limb is quiet when the will is not in operation. These movements have frequently been described as "intention tremors," meaning that they are only present when there is an intention to move the part or perform some action. The movements of multiple sclerosis are very often characteristic in that they have a much slower rate, and are much more extensive than any I have referred to. For instance, when the hand is lifted to take an object held two feet away, the hand swings to and fro to the extent of three or four inches, so that the movements resemble, as I think the late Dr. Moxon used to say, those of the wings of a flying bird. In mercurial tremor, also, the movements are started only when the patient attempts an action, but they are generally closer and more rapid than those occurring in multiple sclerosis.

With regard to the next movements mentioned in the list, namely, rigors and fibrillary tremors, I have some doubts as to whether they should not be included under the head of clonic convulsions. A rigor or shivering, whether it

occurs as a manifestation of infectious disorder, and is therefore toxic, or is a mere result of a nervous or hysterical condition, as it may be, is no doubt compounded of both a tonic and a clonic element; that is, the limb or body is more or less fixed in tonic convulsion while some clonic or alternating movements of the muscles take place. This, so far as extent of movement is concerned, may be very variable; it may be very slight, or there may be extensive movements, leading, as one knows, to the violent shaking of the bed upon which the patient lies, and the violent and noisy chattering of the teeth in consequence of the movements of the muscles of the jaws. Fibrillary tremors differ from anything that is mentioned above, and they are certainly not, as a rule, uniform alternate contractions and relaxations of muscles. They are called fibrillary because they concern only a few separate fibres in each muscle, and do not involve the whole mass of the muscle. Moreover, they will frequently be seen to consist of a definite sharp contraction, followed by a slower relaxation; they are, indeed, what may be called popularly twitching rather than clonic contraction, or tremor. These fibrillary tremors are characteristic of a spinal disease, namely, progressive muscular atrophy, or chronic anterior poliomyelitis; but they undoubtedly occur in some other spinal and myopathic forms of paralysis. In another point also they may be observed to be different from the contractions that I have already spoken of, namely, that they have almost no locomotive effect upon the parts concerned, that is to say, that the contraction of the muscles does not result in an obvious movement of the part to which the muscle is attached.

Perhaps allied to these fibrillary tremors of definite spinal and muscular diseases is the condition which the public terms "live blood." This, which all of us must have felt at different times, consists of a twitching of small fibres or bundles of fibres in different parts of the body, perhaps more frequently in the orbicularis palpebrarum, and results sometimes from weariness or exhaustion, or perhaps modified states of health of an unimportant kind. Now, this twitching, that is, the sudden contraction of a muscle followed by its slower relaxation, as contrasted with the uniform contraction and relaxation of muscles, is also a part of the coarse or general clonic convulsions which are the characteristic of some others of the diseases mentioned in the third list; namely, the convulsions of epilepsy, uræmia, puerperal convulsions, infantile convulsions, and hysteria major. An epileptic convulsion, or an uræmic convulsion, will frequently be seen to commence by the sudden contraction of the ocular muscles, followed by their rather slower relaxation, that is, a twitching. The eyes are twitched or jerked to one side, or some muscles of the fingers or hands are twitched, and then, in the course of a few seconds, the convulsions become general. Similarly, towards the end of an epileptic or uræmic convulsion, when the violent to-and-fro uniform contractions have ceased, a few isolated twitchings of larger or smaller extent, but still wanting in regular alternate contraction and relaxation, take place as a final phenomenon.

Now to pass to the subject of hysteria in relation to the case before us, one must premise at once that hysterical movements are not limited to one kind. As we all know, hysteria is the great imitator of nearly all complaints, nervous or otherwise, so it is not to be supposed that when it imitates movement it can only imitate movement of one kind. Pray do not misunderstand me when I use the word "imitate;" I do not mean to say that the patient is voluntarily imitating anything, or even that the patient has any voluntary share in the production of the disease at all. Let it suffice to say that no one particular form of movement, tonic or clonic, occurs in hysteria. Many patients are affected with tonic spasm in hysteria, others with the different forms of clonic spasm. To confine ourselves to the clonic forms, there is undoubtedly the greatest difficulty in some cases of determining whether a young woman, say of seventeen or twenty years of age, is affected definitely with epilepsy or with hysterical convulsions, and I advise you to be most careful to avoid a hasty diagnosis from the descriptions of friends or of the patients themselves in these cases. Unless you yourself see the convulsions which take place, and see the behaviour of the patient under these circumstances, you may very easily be misled, either by calling a case of hysteria epilepsy, or by calling one of epilepsy hysteria; that is to say, that the kind of convulsions that occur are sufficiently like one another to deceive entirely those, such as the friends, who have not been trained to distinguish between them. What does frequently enable one to discriminate is the important fact that in epilepsy the movements are to a large extent confined to simple contractions of muscles acting independently and without any combination of muscles suggestive of purposive movements. In the patient even suffering from the severer hysteria, the movements are frequently combined, so that there is the appearance of an

attempt to effect a given purpose; whereas those of epilepsy and uræmia are obviously devoid of any such consideration. But our own case was one of quite slight form, and I will rather bring to your notice a few cases illustrating this phase of the subject. The movements of this boy were rhythmical in character; that is to say, they were constantly repeated. Perhaps it is difficult to say that they had any purposive features. The rolling of the head from side to side is very far removed from a clonic contraction, and may be allowed to have some purpose in it. The pouting of the lips also presents some object, in so far as it is a part of the movements of mastication and articulation which are so constantly in use. I should like to bring to your notice in connection with this case some others that have occurred within comparatively recent times.

A girl, æt. 19, was admitted into Clinical ward in March, 1903. She had a quarrel with her mother, and was taken with convulsive movements of her shoulders. She held her arms folded across the chest, and the shoulders were moved forwards and backwards, about eighty or ninety times in the minute. It did not appear to be painful, and there was only just an expression of annoyance or weariness in the face. I let her know I thought it was all due to the quarrel, and we talked about starvation and galvanic batteries. She, as a fact, said it was due to having a shock with a battery, given to her unexpectedly and maliciously, while she was holding the rheophores. Sister got her up after we had gone, and the troubles subsided soon, and she left the next day.

A few years ago a boy was admitted into the Hospital simply for this complaint: that he was constantly hitting any object in front of him, either his knee, or the table, or the bed, with his clenched fist, and repeatedly throughout the day. From what I can recollect about them, I should say that the movements occurred ten or twelve times a second. If his right hand was held, then the movement took place in the left hand. This, obviously, was not any complaint other than a purely hysterical condition, and suitable treatment soon cured it.

A fourth case occurred some time ago in which the hysterical nature was not at once so obvious, and in which the distinction between that disease and chorea had to be carefully considered.

She was a girl, æt. 18, and had been in the hospital on two occasions previously—three years before under Dr. Goodhart, one year before under myself. On each occasion she had chorea, and was treated with arsenic; but there was clear evidence that hysteria was also present; indeed, her mother said she was always hysterical. In the first attack she was said to have been "frightened by a man," and she then had fits of laughing and crying. After three weeks stay in the hospital, getting out of bed one day, she had a series of rotatory movements for about one minute. On her second visit no doubt seems to have been thrown on the choreic nature of the movements, but she developed rubeola, and was removed from the hospital. The present or third attack began in the following way. On Thursday, June 5th, she fell while running; she did not hurt herself, but when she got up the right leg trembled. This soon stopped, but the next day the leg began to tremble again, and has continued to do so. On June 17th, the left leg, the arms and body began to shake, the tongue curled forwards, or became fixed against the teeth of the lower jaw, and she has had great difficulty in speaking. She came in on June 20th. My notes are to the effect that the limbs are sometimes quite quiet, but that movements begin when anyone approaches the bed. These movements are tremulous or jerky, but without the co-ordinated and combined actions of ordinary chorea. The face is scarcely affected, and the patient looks pleased and happy. She rapidly improved, and a few days later, as we were round her bed, there was only a little rhythmical movement of the right hand. If asked to use the hand, the movement became quicker, rhythmical in character, indeed a rather considerable tremor. There was no combined movement; the face wore a smiling, happy expression.

Now there is practically only one disease with which these cases can be confounded, and that is chorea. And when I say chorea, I mean the chorea minor, or Sydenham's chorea, which is almost the only kind seen in ordinary practice; and not any of the varieties of chorea major, or saltatory spasm, which themselves are much more closely allied in their nature to hysteria. The importance of the distinction is considerable, as chorea is probably an organic disease, infective in its origin, which cannot be cured by impressions made on the mind or will of the patient; whereas hysteria can certainly in many cases be promptly influenced or quickly cured by suitable treatment.

Now there is, common to the first three of these cases, a limitation of the movements to certain parts of the body; in all four there was a more or less rhythmical performance, and in the first three there appeared to be some purpose

in the movement, or, in other words, they were such movements as might be the result of ordinary voluntary effort. In two of the cases, the second and third cases, there could not be, for a moment, any suggestion that chorea was imitated. The movements of the boy's hand and of the young woman's shoulders presented no resemblance to the generally irregular actions of chorea. But in the first case there might be some suggestion of the kind, and in the fourth the resemblance was closer; and the difficulty of diagnosis was increased by the former histories of chorea. Now, if we carefully consider the movements of chorea, we, of course, see that they vary very considerably in different cases. They vary from a slight irregular movement, perhaps of a finger or of the lip, to the most violent contortions of the muscles over the whole of the body. But in the majority of cases of what we describe as chorea minor or Sydenham's chorea, the movements, at any rate at first, are comparatively slight. But when slight like this, they are quite irregular in their occurrence, not by any means constant, not regular alternating movements, or rhythmical in any way, rarely limited to single muscles, but very generally presenting combined movements. For instance, with regard to the mouth, the child with chorea will suddenly twitch up the corner of the mouth, throwing several muscles into combined writhing actions, very different from the constant, uniform, to-and-fro movement that was present in the case of our first patient. In other cases where the arm is involved the movements are frequently of a writhing kind, obviously involving the successive and not alternating action of flexors and extensors, pronators and supinators.

There is one very important characteristic of some forms of clonic convulsive disorder to which I wish especially to call attention, because it is frequently a source of errors in diagnosis; that is, the liability to increase of the movement when the patient is still under observation. Now, there are at least four disorders in which this characteristic is present—hysterical movements, chorea, athetosis, and spasmodic wry-neck. The three last disorders are not, in their pure forms, in any sense hysterical, or due to any misdirected effort or desire on the part of the patient. And yet there is no doubt that each one of them, in its turn, has been at different times mistaken for and wrongly called hysteria. This is a very important mistake, leading to a wrongful estimate of the patient's character and nerve power, and, it may be, to wrong treatment. With regard to chorea, it is well known that patients are liable to be much more active in their movements when they are under observation, and this fact is taken into consideration, as you will see when we constantly place screens round the beds of our choreic patients, so that they may not have the impression that they are being watched, and therefore have their movements excited in consequence thereof. I remember some years ago a man, æt. about 30, who had spasmodic wry-neck, and of whom my house-physician stated to me his conviction that there was some hysterical element in the case because his movements were increased when he went to look at him. I remember seeing a case in private in which I am convinced that the doctor was strongly imbued with the idea that hysteria had a share in the complaint for a similar reason. To my mind it was simply a case of aggravated spasmodic wry-neck. With regard to athetosis, there can be little doubt that cases have frequently been thought to be hysterical, and I have a lively recollection of myself showing a case at the Clinical Society, many years ago, of a most pronounced kind, in which the President, a consulting surgeon, whispered into my ear the suggestion that if I treated her on the lines of the treatment of hysteria, there was no doubt she would promptly get well.

Now, this increase under observation is really very readily explained. Every movement that we make in health is simply the result of a thought. The average man knows nothing about his nerves and muscles; he simply thinks he will do a thing, and the thing is done. It is simply calling attention to the fact that he can make a movement that brings about the accomplishment of that movement. Now, these patients, suffering from these three functional disorders—athetosis, chorea and spasmodic wry-neck—have their motor apparatus in some unstable condition, whatever that particular unstable condition may be. If you watch or observe, or even approach patients in that condition, their attention is called to their limbs at once. This calling of their attention means the stimulation of one of their motor cells, and want of control being part of the disease, no doubt the stimulus starts from that motor cell and effects the contraction of the muscle. An operation of this kind is obviously the cause of the susceptibility to external influence that is manifested in these three diseases, and it is clear that there is no necessity for one moment to suppose that patients, because they are subject to that influence, are anything more than

perfectly genuine cases of uncontrollable disease.

With regard to the treatment of these simpler cases of hysteria, they are often cured by some simple method. It is essential that you should not allow the patient to think either that you regard her as shamming, or that the treatment you prescribe is of the nature of a punishment. Do not allow too much sympathy to be expressed either by yourself or the friends. Let the patient understand that she will soon get well, and that whatever you are going to order will certainly help her to recover. With these introductions, a restricted diet, or a faradic current administered in a cold-blooded manner, a mechanical and not too sympathetic attention on the part of the nurse, will often quickly effect a cure. No doubt, in hospital, the separation from friends, and the recognition by a grown-up patient of the far more serious maladies of those around her may help to draw attention from herself, and give her the normal control over her voluntary actions. The same thing may in private have to be obtained by isolation under strange nurses, or transference to a nursing home.

One must, nevertheless, recognise that hysterical conditions cannot all be cured in a few days, but that they are sometimes extremely obstinate. All the more desirable is it that a correct diagnosis should be made early, so that the normal relations of mind to nerve and muscle should be quickly re-established.

Novelties.

Second-hand Books.

The medical student will often find it worth his while to pay a visit to the second-hand book shops, and one of the best of its kind is that of Mr. Chas. Sawyer, of 29, New Oxford Street, whose catalogue of new and second-hand medical and scientific books has just been issued. An inspection of Mr. Sawyer's stock shows that the volumes he offers for sale are in very good condition, in some cases rebound, in others in their original bindings, very fairly preserved. On his shelves are many books which are standard works, priced at 50 per cent. below their ordinary sale price. There are also other works which are comparatively rare, and would, therefore, appeal to those interested in curiosities. Among these latter we may mention a curious Latin pamphlet by the first physician of Guy's (Mead) with an inscription in the author's handwriting on the fly-leaf, and a curious treatise on surgery, in English, dating back to sixteen hundred and something. Mr. Sawyer informs us that he is always willing to exchange books, or to make an allowance for older editions, and students who deal with him will find their orders promptly and expeditiously carried out.

The Mas de la Ville Wines.

We have received from Messrs. Ingersoll & Melluish, of 10, Eastcheap, E.C., who are the sole London agents of the Société Anonymé du Mas de la Ville, several samples of three representative brands of the Company's wines. These wines claim to be the pure juice of freshly-gathered grapes, unfermented, and therefore containing no alcohol, and not contaminated with any chemical preservatives. The usefulness of such an article, provided it were true to its claim, needs no emphasis from us. Pure grape juice, containing, as it does, a large amount of grape sugar, with certain vegetable acids, is not only a food, but possesses properties which make it an agreeable therapeutic agent in some cases. The difficulty, of course, has been to obtain it free from alcohol or by-products, and in most of the so-called grape wines on the market an appreciable amount of chemical preservative, militating against their purity, is to be found.

The three samples sent to us comprise the "Chateau Badet," "Chateau Peyron," and "Chateau de l'Or extra" brands. The first is a very sweet brand, agreeably acid, but with no marked vinous flavour, the large amount of sugar present obscuring the taste. Chateau Peyron brand, less sweet, equally acid, resembles a high-class perry. The third brand is a really excellent production, with a well-marked bouquet, and without the excessive sweetness which, in our opinion, obscures the full flavour of the others. In colour these wines resemble a Sauterne, the golden tint in the Chateau d'Or brand being specially marked. As an agreeable tonic drink, either alone or mixed with ordinary or aperient water, they are specially suitable for invalids and convalescents. None of the three brands contains any chemical preservatives or fermented alcohol. They are said to be inexpensive, but the sale price is not marked on the samples submitted.

Notice.

OPERATIVE SURGERY.—(Mr. R. P. Rowlands).

Students desirous of attending a Course of Instruction in Operative Surgery, exclusively reserved for Candidates for the Final Fellowship and M.S. Examinations in May next, are requested to leave their names in the Medical School Office on or before the 28th inst.

The fee for Students of the Hospital is Five Guineas.

Guy's Hospital,
18th February, 1907.

Guy's Hospital Debating Society.

Annual Ladies' Night.

Dr. Savage took the chair at 8 p.m., some hundred members and guests being present. The meeting was opened with the usual attacks upon the secretaries, and after these had been dealt with—

Mr. ORPEN proposed "That this House is impressed with the truth of the statement that ignorance is bliss." They were there that evening to impress the ladies present with their dialectical skill to vote for the motion, and they all looked happy because they did not know what the debate had in store for them. The state at birth was perfect ignorance, perfect happiness. Love—the happiest condition in life—was well called "blind" love, being ignorance of the other's defects. Marriage was curiosity, springing from ignorance; with the acquirement of knowledge in marriage came unhappiness—and divorce. Death was shunned and feared because it meant the solution of all problems. The speaker then outlined some of the pleasures of ignorance. Then the evils and folly of knowledge were dwelt upon, its uselessness—the learned mind was compared to a bric-à-brac shop full of more or less useless pieces of knowledge all shapes and sizes, and all priced above their value. Experience was but the unpleasant knowledge of mistakes. "Treasure your ignorance as a delicate exotic fruit." The only thoroughly unhappy man is he who knows everything—he has no more delusions and no more hope." To learn the Secret of the Universe was to know that we had no soul, and were composed of elections—not even bits of matter; and to know that there was no purpose in the Universe, and that being good was merely the carrying out of natural impulses. In politics if you knew anything you were angry and discontented with both parties, If you knew nothing, you were that true sign of ignorance—a party man, happy when in power, happy between whiles, looking forward to the event, and thankful not to be making the mistakes of those who were ruling at the time. As for palmistry, who wanted to know his faults, the date of his death, evils to come, or how many children? Knowledge of pyschology deprived us of the mystery of the mind. The knowledge of anatomy but revealed the deception of beauty—which was less than skin deep; the knowledge of physiology, that indigestion was a cause of hypochondriacal melancholia; the knowledge of medicine supplied the tortures of the medical student, thinking he had every disease and knowing that he could not cure any one of them! The man who kept his ideals and never understood woman was the happiest. To know a secret was to be miserable, because it could be told to no one; to know anything generally known was to be miserable, because there was no one left to tell it to.

Mr. EWING opposed the motion, and confessed that he blushed that such a motion in such an institution as Guy's should ever have been made. It was only in questions of false knowledge that ignorance was bliss. Adam and Eve were unhappy because of their ignorance—Adam, ignorant of the joys of mixed dinner parties and *pâte de foie gras;* Eve, ignorant of the delights of drapers' shops and dressmakers, and their "Certainly, madam, take a seat madam," etc.; ignorant also of housekeeping, or she would not have paid an appalling price for one small apple! How much happier Noah's drowning countrymen would have been had Noah known how to provide them with pneumatic life-belts, waterproofs, and goloshes. What agony children would be spared did they know that the bogieman was non-existent. Babies only cried from ignorance. The speaker had been an exception, possessing such vast knowledge as a baby, that his fontanelles simply bulged. He didn't say "twinkle, twinkle, little star," he knew a star was a star and nothing else. He had always known when he was hungry, and had promptly made a bee-line for the coal scuttle. William Shakespeare, the House would remember—the founder of Shakespeare Reading Societies, and the reputed author of the works of Bacon—had said:

"Ignorance is the curse of God;
Knowledge the wings on which we fly to Heaven."

And then, by way of the miseries of the motor-car man, "ignorant of what was wrong with his car, and equally ignorant of how to put it right," the speaker passed to the more romantic subject of the man in love, ignorant if his affection is returned by the girl; pulse, 160; respiration, 50; temperature, 101·8; strolling furiously up and down the Colonnade with the bacillus amoris devouring his pericardium. Then there was the ignorant examinee, biting his pen, tearing his hair, chewing his gums. And the man who never knows what to do—"who wriggles in with the crowd at a wedding reception, suddenly finds himself in front of the happy couple, and wonders miserably why the bridegroom and bridesmaids smile when he expresses his congratulations by wishing the bride "many happy returns of the day." Would the proposer's cup of happiness be overflowing when, lost on a moor, night coming on, last sandwich gone, he was ignorant of the way to the nearest pub? Ignorance there would not mean bliss—more probably a blister. Or was the proposer happy when he handed Mr. —— a sound instead of a cutting needle? If the honourable proposer had acted in accordance with his views, his medical ignorance would be a cause of more bliss to himself than to his patients. George Eliot had written, "ignorance is more accursed than humbug—and when it prescribes pills it is more dangerous." But the thought that anyone could seriously believe that ignorance was bliss made the speaker feel unwell, and he asked the House to permit him to sit down.

Mr. BALL (who had undertaken to second the motion at a moment's notice) thought the wording of the motion hardly complimentary to the ladies. Yet all the ladies he had met he had found very knowing. Ignorance was of different types: the ignorance of the man who did not know where he went the night before;

vicious, premeditated ignorance, circumstantial ignorance, adventitious ignorance, hopeless ignorance, real ignorance. The truth of the proposition was proved by the bland smile of the old Hodge to be met in the country, by the blissful smile of an idiot, or of a Frenchman in England, by the placid expression of the cow or sheep. A country person had once asked the speaker the way to Earl's Court, Hampton Court, Crystal Palace, National Gallery, Madame Tussaud's, Woolwich Arsenal, Greenwich Park, Bethlem Hospital, etc., etc., all of which were to be visited in one afternoon. He (the speaker) directed his questioner to Bethlem.

Mr. Rippmann, seconding the opposition, pointed a finger of scorn at the Front Bench, and in a deep-toned dramatic voice began: "There they sit, looking so smug and at peace with themselves, fondly flattering themselves that their persiflage has amused you, that their pestilential insincerities have convinced you. But, Mr. chairman and gentlemen, I know you better: the hon. opposer knows you better, ladies." To say that the ignorant were happy meant nothing. As well say that red-haired boys have corns or that blue-eyed girls have gumboils. The poet said, "Where ignorance is bliss 'tis folly to be wise." The hon. proposer would take upon himself the responsibility of leaving out the "where." The hon. gentleman was the apostle of apathy as opposed to action. He imagined man's functions did not differ from those of the brutes, who live to continue their species, and leave the world no better than it was. Two thousand years ago, two great Greek philosophers had proved to the world that knowledge was essential to bliss, and to all the virtues. But those young men opposite knew better, and they hankered after antediluvian darkness. Ignorance was bliss for mice, perhaps, for moles, for monkeys, for the two members opposite, perhaps, but not for men.

The Chairman laid the subject before the House. The motion was not worded in the exact terms of the well-known quotation; it was a generality, like "All men are liars." He had once told a lady that knowledge was the result of forgetting. "What a lot you must know," was the reply he received. The House would remember the motor-car lunatics' ward at Bethlem, and the visitor inquiring where the patients were and being told that they were all under the beds putting the machinery right. That knowledge was not always quite satisfactory was seen in the case of a man who devoted himself to train an ape to think, but as soon as the animal learned human emotions it killed its trainer.

Dr. Mann said the two hon. opposers reminded him of two little boys raised to the top of the class and pointing each a finger of scorn at the hon. proposer as dunce. Ever since the hon. seconder of the opposition and he had been boys together, the former had been swelling visibly—in knowledge, of course. He would not harrow the member's feelings by relating his past strengths and weaknesses. The voices of those days, he sorrowfully declared, seemed cracked as voices through a distant telephone.

Mrs. Stevens alluded to the ignorance of the College boy—or man—which makes him so delightful a member of society. As an instance of the common ignorance of one's own significance, the speaker related the tale of the native who prayed for his own Isle of Man and the adjacent island of Great Britian. If it were not for their ignorance the bad would be overwhelmed and cast into despair by their past deeds, and the good would be overwhelmed by their feelings of insignificance. If people did not remain ignorant on some points they would lose their sanity.

Miss Blair, of the Royal Free Hospital, pointed out that the hon. proposers had explained that ignorance was useful, and had investigated in detail those who possessed it, but he had done nothing to prove that it was blissful. In the sister institution which she represented, she could testify to the prevalence of ignorance and bliss, and the longer they stayed the more marked it became!

Mr. Neville Cox said the proposers were obviously quite happy—they made epigrams—whilst of the two opposers, one felt ill, and the other solemn and sad. As they both made a great display of knowledge, it was clear that whether ignorance was or was not bliss, at least knowledge was not blissful. He concluded with Charles Kingsley's advice—a little poem put in young ladies' albums (especially those a little weak in the head)—"Be good, sweet child, and let who will be clever."

Mr. Stebbing complained that the proposers would give no definitions. Ignorance was a comparative term. As civilisation progresses so ignorance diminishes. On a previous occasion the House had declared by a large majority that "civilised man was happier than the savage." The House must keep true to its traditions and reject the motion.

Sister Job pertinently inquired why any students came to Guy's if they did not want to learn?

The Senior Secretary explained that the wording of the motion had nothing to do with the line quoted. Was the Society so unoriginal as to seek for a subject in a mangled quotation? If you were ignorant of the past, you could dream of a golden age; if ignorant of the present, you could flatter yourself as to your usefulness in the world; if ignorant of the future, you had the spirit of uncertainty to encourage you. Lucius Cary was an instance of the miserable vacillations of a too clever man.

Miss Stebbing wondered if Charles II. was blissful when they ignorantly crushed the jewels of his crown to obtain for him a healing drink.

Mr. Purdom stated that ignorance was no pleasure in exams. Suppose a man cuts the main artery of his arm, an ignorant person would not know what to do, but a wise man would take him into hospital and sew up the cut. He knew an ignorant lady who rushed up and down the Colonnade on fire instead of rolling up in a rug.

Miss Hazlitt, of Bedford College, made such a charming speech that our reporter forgot to go on taking notes.

Miss Grice, of Bedford College, said that they had been ignorant that they would be called upon to speak. They were also ignorant of some of the allusions, especially that of the lion's den. [Mr. Rippmann here rose to explain that some people seemed amused at the idea of his killing a lion in its den.] Lastly, the speaker hardly knew which side to vote for.

Mr. O'Callaghan declared that the student was happy because he had the power to learn.

Mr. Thompson suggested that if the hon. opposer had really blushed to his bone marrow as stated, he would have been pale on the surface. He did not think much of only sewing the wound up as a treatment for divided brachial artery. Lack of knowledge was a matter of bliss to physiologists and physicians. If they did not understand a thing they could talk, and go home and think about it. But to surgeons and anatomists who had to cut down and find out, ignorance was not bliss.

Mr. Ewing replied briefly.

Mr. Orpen declared he was no opponent of reform: he would reform the excess of knowledge. He would speak not of depths, but of heights of ignorance.

Dr. Savage summed up the debate in his usual excellent fashion. It was not a question of utility, but of happiness. On the one hand were those who said a Nirvana was the highest happiness; at the other extreme were those who held that happiness was measured by the sponge-like capacity to suck up knowledge of any sort.

The motion was put to the House and declared carried by 49 votes to 38 (some of the ladies insisted on voting twice!), and the meeting adjourned for refreshments.

Clinical Notes.

A Case of Radicular Odontome.

On November 20th, 1906, the following case attended the Dental Department:—

A. C., a female, æt. 60. Patient had fairly large swelling on left side of mandible, about midway between symphysis and ascending ramus.

History.—Patient had been edentulous for nine years, and had been wearing dentures. About three months previous to application at Hospital, patient had to discontinue wearing lower denture on account of shooting pains in left side of mandible; shortly after this patient noticed swelling on left side of face; swelling increased, and patient poulticed outside of face—abscess then evacuated externally. Patient came to Dental Department on November 20th, 1906, complaining of pain and swelling in lower jaw.

Condition on application.—Hard, non-fluctuating swelling, expanding both internal and external plate of bone on left side of mandible. Skin red and hot over swelling; small sinus under swelling.

Previous history.—One sister died of consumption—patient had suffered from rheumatism.

Treatment.—A small exploratory incision was made inside the mouth over the swelling, and a small quantity of pus was liberated. Patient was skiagraphed, with very poor result—photograph showing practically nothing. Patient was given ethyl chloride, and an attempt was made to discover what was the condition present. A very hard object was encountered, but could not be removed with an elevator. Patient was then seen each day for a week, and the internal opening packed with cotton wool soaked in carbolized resin. At the end of a week another attempt was made to remove the hard object, which could now be seen deep down in the basal portion of the bone of the mandible; the attempt resulted in the removal of a very malformed crown of a tooth, but no roots. The opening was continually packed internally, and the face dressed externally with boracic acid powder, as the abscess had burst again externally through a fresh opening.

On January 17th, 1907, the patient was admitted in Dorcas ward, and on January 18th chloroform was administered and a horizontal incision one and a half inches in length was made over external opening, extending horizontally outwards, and the integument was reflected; a blunt probe could be passed through external opening into buccal cavity. On the bone being exposed, a small cavity was observed on the outer surface. On chiselling away the external plate of bone, a hard obstacle was encountered which was with difficulty chiselled into and partly removed; the hard object had about the consistency of dentine. Finally, two hard irregular pieces of the object were removed. The cavity made in the bone was about $\frac{3}{4}$ inch in length, $\frac{1}{8}$ inch wide (in vertical plane) and nearly $\frac{1}{2}$ inch in depth. Mucous membrane on internal surface of buccal cavity was not implicated in this operation, but had been in previous dental operation. Wound was stitched up and gauze drain put in. Next day there was still slight suppuration; a week later patient was discharged. Wound was healing slowly on account of fact that a salivary fistula was established: patient to attend daily to have wound dressed. The pieces of the object removed were pieced together with those already removed in the Dental Department, and it was found to be a *Radicular Odontome.* "Radicular Odontomes are rare in man, but comparatively common in the lower animals." (Smale & Colyer.)

Papers by Guy's Men.

Observations on the Parathyroids and Accessory Thyroids in Man. By David Forsyth, M.D. Lond., M.R.C.P. Lond.—*British Medical Journal*, 16th February, 1907.

A Clinical Demonstration of selected Skin Cases. By G. Norman Meachen, M.D. Lond., M.R.C.P. Lond.—*Medical Times and Hospital Gazette*, 9th February, 1907.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

A Question about Books.

DEAR SIR,—Perhaps you, or some of your readers, may be able to give me some advice regarding what books to buy. I intend to spend a sum of £25—£30 on the purchase of books on general literature, and shall be much obliged if you will tell me what books you consider most useful in a general collection. I have a fairly good library of medical and scientific works. What I want is an assortment of other works—not so much works of fiction as other standard books. I find it a matter of difficulty to make a selection, as the field is so large, and my experience, so far as general literature goes, comparatively small.

Thanking you in anticipation for your courtesy in considering the matter,—I remain, yours truly,

Newcastle-on-Tyne, BIBLIOPHILE.
January 23rd, 1907.

A Caution to Intending Ships' Surgeons.

DEAR SIR,—During the past year or so stringent Vaccination Laws have been passed affecting immigrants to various parts of the American continent and the West Indies.

Several shipping companies have endeavoured to make their surgeons do the extra work involved, without any extra pay, including the filling in of certificates and counterfoils, and in many cases have refrained from giving any hint of this to intending ship surgeons.

Before a qualified man signs the articles of any ship going to *North, Central, or South America*, he should carefully inquire what extra work is expected of him, apart from the health and sanitation of the ship itself, otherwise he may find that he has been badly taken in, or have disagreeable experiences, as others have done.—I am, sir, yours very truly,

H. N. ROBSON, M.R.C.S., etc.
Junior Constitutional Club,
Piccadilly, London, W.
13th February, 1907.

Guy's v. L.C.C. Wastrels.

DEAR SIR,—At the last General Election it will be remembered that an enthusiastic meeting was held in the College on behalf of the Unionist candidate for West Southwark, and many Guy's men, as a result, gave material help in Mr. Clavell Salter's fine fight for that division. Great Maze Pond and St. Thomas' Street, however, are in the Rotherhithe Division. I venture, therefore, as an old house-physician and one of your predecessors in the editorial chair, to ask for similar help in Rotherhithe for the L.C.C. election next Saturday, March 2nd.

My colleague, Mr. Eddis, and myself stand for an anti-wastrel policy of Municipal Reform. The Progressives have been in power since the formation of the Council in 1889, and in our opinion have exercised their great powers without due regard to the ratepayer's pocket and the proper principles of finance. The dangers of Socialism on the other hand, and lack of of employment, owing to the effect of high rates on the employers, on the other, appear to us but thinly veiled by the bombastic, if well-meant, pretentions of Mr. John Burns and his protégés—to a monopoly of public spirit and of social virtue. The veil, however thin, exists, and requires to be torn off before March 2nd.

A short meeting will be held on Monday next, the 25th inst., at 5 p.m., in the Physiological Theatre, by kind permission of Dr. Pembrey, who will take the chair. We shall be glad at that meeting to answer questions of policy from either side. We are in great need of canvassing help this afternoon and evening, and every day next week, especially between 5 and 9 p.m. Those willing to help should come to our nearest committee-rooms, 129, Tooley Street, or give their names at Monday's meeting. Our final meeting is fixed for next Thursday evening, at 8.30, at Rotherhithe Town Hall; tram from Tooley Street passes the door.

I hope Guy's men will rally to help a Guy's man in.—Believe me, yours faithfully,

FRANCIS E. FREMANTLE.

From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS

Guy's Hospital Dental Society.

The Twelfth Annual Dinner.

THE twelfth annual dinner of the Guy's Hospital Dental Society was held on Saturday last in the Empire Rooms at the Trocadero Restaurant. The president of the society, Mr. Ernest Dowsett, occupied the chair, and was well supported by members of the medical, surgical, and dental staff, and a large number of members of the society and their friends. Among those present were Dr. Frederick Taylor, Mr. Golding-Bird, Dr. Fawcett, Dr. Eason, Mr. J. L. Payne, Mr. Hicks, Mr. Wynne Rouw, Mr. Hopson, Mr. P. Campkin, Mr. W. Paterson (of the Royal Dental Hospital), and Mr. F. Pearce. An excellent dinner having been done full justice to, and the ordinary loyal toasts having been honoured in the usual enthusiastic manner, the Chairman rose to propose the toast of "Guy's Hospital and Schools." In the course of his remarks, Mr. Dowsett said they were all bound to keep up the traditions of their alma mater, and each and all of them were proud of their association with Guy's hospital. It was true now and then the press, the ha'penny rags in particular, had their usual fling at the hospital and hospital methods. Only the other day a reporter from one of these rags ventured into the conservation room, and interviewed the dental house-surgeon, in order to find out if there had been any "maltreatment of patients," excusing himself by remarking that the public liked an occasional dig at the hospitals! For all that, they had got on very well, and a great deal of the prosperity of the Dental School was undoubtedly owing to its association with the hospital. He paid a high tribute to Mr. Cosmo Bonsor and Sir Cooper Perry—neither of whom was, unfortunately, able to attend the dinner—and referred to the fact that the hospital received so large a grant from the Hospital Fund as an acknowledgment of the good work that was being done here. In the dental department equally good work was being done, from the giving advice to the Borough youth to use a toothbrush more frequently, if not every day, then at least on Sundays, to treating more serious cases in the conservation room.

The toast, with which were coupled the names of Dr. Taylor and Dr. Eason, was drunk with acclamation, and Dr. Taylor, who had only just arrived, replied very briefly. He said he had not, unfortunately, arrived in time to hear the chairman's remarks, but he assumed that Mr. Dowsett had made the usual laudatory references to the hospital and Medical School. For his own part he was quite sure that the hospital had benefited to a very large extent by its association with the Dental School. The medical side had undoubtedly benefited (Mr. Golding-Bird: Hear, hear), and, as Mr. Golding-Bird had just said "hear, hear," he took it that the surgeons had benefited as well as the physicians. He thanked them all, on behalf of Guy's Hospital and on his own behalf, for the cordial manner in which they had drunk the toast, and he wished the Dental Society prosperity and success.

Dr. Eason, following, said he felt it was not only an honour, but almost an impertinence for him to speak in response to the toast immediately after Dr. Taylor. Dr. Taylor was now a Nestor, a father (cheers), and he (Dr. Eason) was comparatively a new-comer. With the chairman, Mr. Dowsett, he had been ward-clerk to Dr. Taylor, and he regarded it as an honour to have been associated with Dr. Taylor, not only in the past, but now in replying to the toast. With regard to the Dental School, he found the occasion was a particularly pleasant one, as it was one of those on which, in speaking, he had not to curse, but to bless. The present year was a memorable one for the Dental School, for it was to see the final liquidation of the debt incurred in erecting the buildings. He briefly reviewed the history of the school, from its start in 1889 to the erection of the new buildings in 1892. The school had made such progress, and the work it was doing was of such importance, that he was glad to say the Governors of the hospital had at last recognised their responsibilities, and were going to look upon the department as one of the definite and regular departments connected with the institution. (Applause.) Dental men could be proud of the year, and he wished to express his high appreciation of the patriotism of the dental staff. (Applause.) To a large extent the success of the Dental School was due to the self-sacrifice and patriotism of the dental staff. He wished to impress upon those present the necessity for supporting the school. The majority of them were glad that they had studied at Guy's; a few, perhaps, might regret that they had done so in after life. Well, to those who were glad he would say, "Help us on in future by sending your sons to study here and by assisting us in other ways." To those who regretted—if there were any—he would say, "Help us by doing as little as possible to harm us." With regard to the Medical School, he could say that the present entry was the best the school had had since 1893. (Applause.) With regard to the Dental School, the progress that had been made during the year was in every way satisfactory. They had had one of the best reports from one of their travelling scholars during the year. He referred to Mr. Aubrey's report. Mr. Aubrey had been to Harvard and had studied American methods, and his report showed that we were not behind the times in our work at Guy's. (Applause.) During the year an innovation had been made in the appointment of a new demonstrator in the conservation room, and by attending there on certain mornings in the week the student could see for himself how fillings, for instance, were done by an expert in the art. The educational value of such an opportunity was great. In conclusion, he once more referred to what the dental staff had done for the school. The dental staff did not stand exactly on the same footing as the rest of the hospital staff. The medical and surgical staff made money from patients sent them by their old students. That, after all, was the essence of consulting

practice. But there were no such things as consulting dentists. The dental staff, by teaching their students all they knew, made their pupils thoroughly capable men, as able to treat patients as they themselves would, and in doing so they showed an amount of self-sacrifice and of patriotism without which the Dental School would not have made the good progress it has done. (Applause.)

Golding-Bird, in a neat and felicitous speech, proposed "Prosperity to the Dental Society." He began by remarking that after-dinner speaking was a phase of evolution, though Darwin had not paid much attention to it. He was not a member of the society, and he could therefore criticise it freely, and the first thing he would do would be to ask, "Whatever was the use of the society?" In his schooldays he had been in the habit of asking, "Whatever is the good of learning Euclid?" and the answer he had received was, "It teaches you to argue." He confessed that answer did not appeal to him, but if a similar reply was made on behalf of the society it would have weight with him. For the society's great usefulness lay in cultivating debate, in teaching members to express their opinions as they would afterwards express them to their colleagues, in discussion, and in arguing. The advantages of such a society were evident. Then again it had its social side. It brought men together, and made them friendly. It led to the cultivation, to the standardisation, of professional friendships which would endure after members had left the hospital. (Applause.) It was a society for self-education, like the Physical Society. The Physical Society had done good work, but there had always been a tendency on the part of members to refrain from reading papers because they thought they had nothing new to say. That was no doubt the case with the Dental Society, but all the same, much good work was being done. He had been told, for instance, of an excellent paper recently read before the society by Mr. Marks on "Hæmorrhage after Extraction"—an old subject, but one which was well treated. He wished, however, to warn them against the *enfant terrible*. Every society of that kind held one or two examples of the species. He remembered one of them in the Physical Society during his student days—a stout young gentleman, who was an adept in the art of self-advertising. He hoped if there were any specimens of the species in the Dental Society the members would—well—suppress them; he would not say more, as it might be taken as an incentive to crime. (Laughter.) Then again he would ask, "Whatever was the use of the dinner?" Well, the fact that the society had reached its "dining stage" was proof that it was making good progress. He wished the society prosperity and success, coupling the toast with the name of the senior vice-president, Mr. Payne.

The toast having been honoured, Mr. Payne, in responding, said the society served a useful purpose. It was an incentive to the good worker. Men were bored to death by lectures—they found they learnt nothing from them—(hear, hear)—and to certain minds lectures were quite unproductive. A lecture was always a one-sided performance, but the society's meetings were quite different. He hoped that the society would do more in future, and he would urge members to do some definite scientific work. For instance, a students' investigation committee might be appointed at the beginning of each session, under the guidance of a member of the staff, to work on some definite subject, and report to the society at the end of the session.

"The Visitors," proposed by Mr. Pearce, and responded to by Mr. Paterson, of the Royal Dental Hospital, and "The Chairman," called for by Mr. Campkin, and briefly replied to by Mr. Dowsett, were the other toasts on the list, and the dinner was concluded in the usual way.

A great deal of the success of the evening was due to the excellent musical items on the programme. These were given in the intervals between the various speeches by Mr. T. Godfrey, Mr. W. H. Pilcher (whose topical Dental Song is printed elsewhere), Mr. Gabell, Mr. Ellis, and Mr. Humm, and were cordially appreciated.

Pass List.

UNIVERSITY OF LONDON.—INTERMEDIATE EXAMINATION IN MEDICINE, JANUARY, 1907.—M. M. Adams, J. Lee Atkinson, S. S. Brook, A. H. G. Burton, C. H. Crump, E. L. Elliott, A. L. Fitzmaurice, G. F. Haycraft, J. L. Johnston, * G. H. Peall, J. R. Perdrau, N. A. D. Sharp, W. E. Williams.

* Distinguished in Anatomy.

PRELIMINARY SCIENTIFIC EXAMINATION, JANUARY, 1907.—Part II. *Organic Chemistry.*—J. A. Edmond, W. E. Fox, P. Hirschbein, P. Smith, A. H. Todd, A. D. Vazquez, D. H. Wood. Part I., *Inorganic Chemistry and Experimental Physics.*—C. Aldis (b), F. C. Hunot (b), T. E. Roberts (b), M. Scott. *Inorganic Chemistry and Biology.*—G. Covell (p). *Inorganic Chemistry only.*—E. A. Barker (p, b), V. Glendining (p, b), L. B. Stringer (p, b). *Experimental Physics only.*—F. D. Annesley, S. Wilson (c, b). *Biology only.*—H. Archer (c, p), G. E. Genge-Andrews, J. M. Joly (c, p).

c. This Candidate has already passed in Inorganic Chemistry.

p. This Candidate has already passed in Experimental Physics.

b. This Candidate has already passed in Biology.

INDIAN MEDICAL SERVICE.—P. K. Tarapore.

Papers by Guy's Men.

On the Temperature in Malignant Disease of the Liver and Bile Passages. By James W. Russell, M.D. Cantab., F.R.C.P. Lond. (with Charts).—*British Medical Journal*, 9th February, 1907.

Clinical Lecture on Pneumonia. By W. Hale White, M.D. Lond., F.R.C.P. Lond.—*The Clinical Journal*, 13th February, 1907.

Reviews.

The price of books submitted for review should in every case be stated.

Clinical Lectures on Enlargement of the Prostate. By P. J. Freyer. Third edition. Pp. 154. (Bailliére, Tindall & Cox.) 6s. net.

The association of the name Freyer with enlargement of the prostate is so world-wide that it would be futile for us to venture much in the way of criticism. This is the third edition of the work, which is devoted entirely to enlargement of the prostate, and more especially to the author's operation for relief of distress arising from this malady.

The first two chapters (out of seven) are devoted to the nature, pathology, symptoms and diagnosis of enlarged prostate, with the general treatment; this is as good and clear an account of the disease as any we have read. In the anatomical description of enlarged prostate, as well as in the numerous illustrations, it is convincingly shown that the so-called enlargement of the middle lobe is really an outgrowth of one or both lateral lobes, the organ consisting of but two lobes side by side and united with connective tissue. The great majority of enlarged prostates consist of adenomatous growth, and are soft; a few hard ones, commonly called "fibroid," he describes as adenomatous with chronic inflammation; these latter, fortunately rare, do not give such good results with enucleation as do the softer ones. Malignant disease is dismissed in a few words.

The last five chapters are entirely taken up with the author's operation, how it originated and developed its scope and limits, and its use after other operations have failed. The author gives numerous cases in illustration of his remarks: out of 312 cases he has had only 22 deaths, half of which he says were due to causes incident to old age, and not especially due to the operation.

We object very strongly to the last half of the last chapter: here the author discusses in strong language the conduct of a certain American surgeon whom he accuses of trying to annex the credit or glory due to himself. This may be all as he says, but at the same time it is, in our opinion, bad taste to put it in the "text." The preface is the more usual place for such a discussion, if anywhere. With this exception the whole makes good reading.

Elements of Practical Medicine.—By Alfred Carter, M.D., M.Sc. Ninth edition. (London: H. K. Lewis, 136, Gower Street, W.C.) 10s. 6d. net.

Dr. Carter's "Elements" is so well known to the medical student that this, the ninth impression of a deservedly popular work, needs no lengthy criticism or extended commendation. The new edition has been brought up to date, without, at the same time, crowding it with new matter to such an extent as to make its title a misnomer. To the student who wishes to gain a really valuable knowledge of the elementary facts of medicine, this book can be cordially commended. It does excellently well to start with, and its author, we are sure, would be the last man in the world to claim anything more from it. What it teaches is sound, condensed, and clear, and it has a valuable addition—which we should like to see in other handbooks of the study of medicine—in the shape of a very full and in many ways an exceedingly useful therapeutic index, giving the student some interesting and excellent prescriptions, and details of treatment.

Students' Handbook of Operative Surgery. By W. J. de C. Wheeler. (Bailliére, Tyndal & Cox.) Pp. 300. 5s. net.

This book is intended for beginners in operative surgery: it is not in any way a text-book of operative surgery, but one which the student can conveniently carry into the class-room and use as he does the practical work. All that is wanted to understand thoroughly the technique of the operation is set down plainly, and there is little reference to "indications" for or "dangers" of the operation. This we entirely agree with, as the latter should be obtained from clinical study and systematic reading of text-books.

The operations are most clearly described, and a short account of the anatomy is given where it is necessary, as in the tying of arteries and the exposing of nerves. The author, with the idea of not confusing his readers, only describes one or two methods of performing an operation when there are several in use: for example, he only describes Frank's method of gastrostomy, leaving out Witsell's and other methods. The same is true of certain of the amputations. We cannot help thinking that some mention at least might have been made of other methods commonly in use: everyone does not prefer Frank's to Witsell's operation. The illustrations are numerous and good throughout. We can, on the whole, recommend the book as being one of the clearest we have read on the subject.

Lessons on Massage. By Margaret D. Palmer. Pp. xvi. and 272. Third edition. (Bailliére, Tindall & Cox.) 7s. 6d. net.

It is five years since we reviewed the first edition of this work in our columns, and its popularity during that time has been proverbial. So far as our personal observation serves, no other text-book has been used by those nurses who were candidates for the massage certificate. A few sections have been rewritten, but for the greater part the book remains unaltered, and is still one of the best works on the subject. We should have liked to have seen a fuller description of the actions of the interossei muscles—abduction and adduction about the middle line is hardly exact. We are surprised that massage of the abdominal wall is described as the treatment of intussusception in children, and regret the omission of several words—uterus, obesity, œdema, insomnia - from the index, though paragraphs are devoted to each in the text.

These, however, are but slight blemishes in Mrs. Palmer's excellent book.

The Essentials of Histology. By E. A. Schäfer, LL.D. Seventh edition. Pp. xi. and 507. (Longmans, Green & Co.) 10s. 6d. net.

This popular text-book has arrived at a seventh edition, and has assumed a new scarlet cover at the same time. It has been considerably enlarged—containing 150 more pages than the fifth edition—both by additions to the text, and the provision of many fresh illustrations. Especially have the chapters on the Central Nervous System been enlarged—the least satisfactory part of previous editions. Many more sections of the brain and cord have been illustrated, and considerable help is thereby given to the study of a very difficult part of histology.

The author has made one new departure, the value of which we consider doubtful, and hardly worth the increase in price which accompanies it. Many of the illustrations are now printed in colour instead of in black—not in *colours*, but in *one single colour*. Two colours in an illustration serve to differentiate the various parts, but we fail to see the advantage of printing a picture in light mauve rather than in black.

Photographs have been used more freely, and the illustrations generally have been much improved, but it is for its description of the central nervous system that the work is now most valuable.

Aids to Dental Surgery. By Arthur S. Underwood and Douglas Gatell. Second edition. Pp. viii. and 126. (Baillière, Tindall & Co.) 2s. 6d. cloth, 2s. paper.

This well-known series of small manuals is still in great demand, and no one of the volumes is more useful than the one before us. A second edition has been prepared by Mr. Gatell, under the supervision of Mr. Underwood, and two chapters have been added on the Hygiene of the Mouth and on Bacteriology, though the latter does little more than indicate to the dental student which parts of the science of bacteriology he should study. In the text we notice a good description of odontomes, which, however, requires a short paragraph on the development of a tooth. We must protest that *palati-glossus* is not the plural of *palato-glossus*, though the authors use it so on page 101; and that syphilis is placed third on the causes of perforation of the palate after violence and alveolar abscess, without any indication as to their relative frequency!

A Handbook of Physics and Chemistry. By Herbert E. Corbin, B.Sc., and Archibald M. Stewart, B.Sc. Pp. viii. and 503. Third edition. (Messrs. J. & A. Churchill.) 6s. 6d. net.

This book is written to fulfil the requirements of candidates for the first College's examination, and strictly follows the syllabus thereof. The first edition was published in 1899, and the present one has been revised and brought up to date by various articles, which have been added, together with chapters on Sound and Light. Some chapters have a few simple examples added, none of which require any trigonometry for their solution. It is notoriously difficult to write a good *elementary* text-book on any scientific subject, but these authors seem to have succeeded, though they have perhaps made it too short. Statements are made without any proof, the omission of which must in many cases prove very confusing, and add to the difficulty of the beginner. We cannot imagine that any student would be satisfied with the very short section on Inorganic Chemistry, as he would need a longer description of the various elements.

Medical Diagnosis. By J. J. Graham Brown, M.D., and W. T. Ritchie, M.D. Fifth edition. Pp. xvi. and 508. (William Green & Sons.) 8s. net.

This work, which is a clinical handbook for the use of students and practitioners, contains the information usual to such handbooks. Dr. Ritchie's name appears for the first time on the title page, and to him is due the very complete revision to which the book has been subjected. It has been brought thoroughly up to date, and now contains some details concerning the Cryoscopy of Blood and Urine, with an excellent plate of Zitzel's instrument, which is very clear. Though the descriptions of various methods of investigation are excellent, there is not much help given in the interpretation of the results so obtained. It would have been better not to have given a list of renal causes of hæmaturia, rather than give the very inadequate list on p. 318.

The chapters on Bacteriology rather exceed the limits of a clinical handbook, but an excellent coloured plate of bacteria is given; the coloured plate of various blood corpuscles is also good. The analysis of Gastric Contents is good, but very short, and we should have liked to have seen a good description of some method of cleaning slides and cover glasses.

Skin Diseases, their Nursing and General Management. By G. Norman Meachen, M.D. Pp. viii and 134. (The Scientific Press, Ltd.) 2s. 6d. net.

This manual is intended for nurses, and is far superior to the majority of the books published with this intention. Well written, it is no mere réchauffé of lectures, which have been often delivered, nor is it a compilation from many sources, as it obviously embodies the results of Dr. Meachen's own observations. In the first chapter the author endeavours to explain why skin cases are so unpopular among nurses, who often share the unfortunate prejudice which the laity exhibit against cutaneous diseases. Is it not possible that this prejudice is partly due to the superstition that all skin diseases are connected in some way or other with syphilis?—a superstition which has left a trace on the Continent, as there syphilis and skin diseases are always treated in the same cliniques and wards. Dr. Meachen considers that enema rashes are probably due to the "liberation of some toxin present in the alimentary canal." A short

glossary and a good index are additions to an excellent manual.

The Care and Nursing of the Insane. By P. J. Baily, M.B. Part I. Anatomy and Physiology. Pp. 97. (The Scientific Press, Ltd.) 1s. net.

This book consists of a series of lectures given to the staff of Hanwell Asylum, and the part before us consists of an elementary description of anatomy and physiology of the human body. The facts are correctly and fairly well expressed, but their publication seems unnecessary, as a number of similar works already exist. We fail to find in this book any special consideration of the needs of those who are in training to nurse the insane.

Uterine Fibroids and other Pelvic Tumours. By Bedford Fenwick, M.D. P. 75. (E. H. Blakeley.) 3s. 6d. net.

These papers have been published in various London medical journals during the last twenty years, and contain many controversial statements which are not generally accepted. Dr. Fenwick is so struck by the frequency with which fibroids are associated with ovarian disease, that he has formulated various theories, which influence his treatment of these cases. If the fundus of the uterus is extensively affected with fibroids, more or less gross disease of the ovaries may be expected, and the author considers they should both be removed when the hysterectomy is performed. Dr. Fenwick considers that the patient will not feel the loss of their "internal secretion," as in most cases she is close to, or has passed, the menopause.

Perhaps the most startling theory advanced in the book is that "ovarian cystic disease arises in many cases *because* the patient has an hereditary tendency to degenerative changes, or, in other words, belongs to a phthisical family." For the proof of this theory Dr. Fenwick principally relies on the frequency with which he obtains a family history of phthisis in cases of ovarian cyst—but phthisis is a common disease, far commoner than ovarian disease.

There are several other theories advanced in these few papers, but we do not think the author has justified many of them; he often assumes that associated conditions must necessarily be causes.

The Puerperium. By C. Nepean Longridge, M.D. Pp. vii. and 272. (Adlard & Son.) 5s. net.

Many young general practitioners will welcome this book, which gives most useful information on the management of the puerperium. Want of knowledge often leads a young practitioner to rely greatly on the nurse for the small necessary details, and the result is that he loses some control over the case, while, if the nurse is not thoroughly up to the work, the patient suffers also. We confidently expect that this book will be read by all candidates for the C.M.B., and it would be read with profit by many a young medical man.

The treatment of all the various conditions that may arise during the puerperium are excellently described; how to treat the breasts, how to apply the binder, the importance of examining the abdomen to see if the bladder be full, and not resting content with the report that urine is being passed all right. Catheterisation can often be avoided by tightening the binder, and so giving the abdominal muscles more support for the strain of micturition. We are significantly told that puerperal septicæmia is usually notified *a few hours before death*, so that statistics of incidence are rather fallacious. True phlegmasia the author considers is very rare—no single case has occurred after the last 4,000 cases of labour at the Queen Charlotte's Hospital.

The last part of the book refers more especially to the infant, and is not quite so satisfactory as the part referring to the mother. We notice that the author agrees with the late Professor Budin in recommending that in most cases the wet nurse should be allowed to nurse her own child as well.

The book is well printed on very light paper, and closes with an admirable index; it should be read by every man going into general practice.

Muscles and Nerves. By Lewis B. Rawling, F.R.C.S. (The Scientific Press, Ltd.) 3s. 6d. net.

This is an atlas of the Superficial Muscles and the Principal Motor Nerves, intended for students of anatomy and for nurses, though it will be principally used, we imagine, by the teachers of massage. Four full-length photographs are given of a male in various positions, and on the opposite page is given in each case a diagrammatic representation of the various muscles displayed by the pose. The shape of a superficial muscle is, of course, important in massage, and so the atlas supplies a want; but we should have considered it more useful if it had consisted of photographs on a larger scale of the various component parts of the body. We cannot predict such a large circulation for this work as has been gained by Mr. Rawling's excellent work on surface anatomy.

Cancer: Its Treatment by Modern Methods. By Edmund Owen. Pp. 31. (Baillière, Tindall & Cox.) 1s. net.

The pamphlet contains a reprint of the Bradshaw Lecture, which was delivered before the Royal College of Surgeons on December 12th, 1906. Mr. Owen is a pleasant lecturer, and has used several happy phrases, but he tells us nothing new or very striking. It is not a *great* lecture. He pays a well-deserved tribute to Sir Mitchell Banks in discussing Cancer of the Breast, and utters a strong indictment of Doyen's Serum. The description of Mr. Dawbarn's "Method by Local Starvation" is interesting.

THE EDITOR will, at all times, be glad to consider articles or sketches, provided that they are accompanied by the writer's name and address, not necessarily for publication. Payment is a matter of arrangement, and the fees that the GAZETTE *can offer are merely nominal, but if the writer desires any remuneration that fact should be stated.*

Change of Address.

Dr. J. H. Busteed, from Chewton House to Stuart Lodge, Highcliffe, near Christchurch, Hants.

Dr. Alex. Fraser, from 237, Chesterton Road, Cambridge, to 2, Bennett Park, Blackheath, S.E. (temporary).

Dr. W. Gibson Parker, from Western Lodge, Upper Walthamstow Road, N.E., to 39, Park Hill Road, Haverstock Hill, N.W.

Mr. Gerald Sichel, F.R.C.S., from Eastfield Lodge, Epsom Road, Guildford, to Vine House, Sevenoaks.

Colonel P. A. Weir, Indian Medical Service, from Peshawur, Frontier Province, to Nagpur, Central Provinces, India.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

Appointments.

Civil.

MAY, Dr. W. NORMAN, has been appointed Resident Medical Officer at the East London Hospital for Children.

PETERS, E. A., F.R.C.S. Eng., M.D. Cantab., has been appointed Surgeon to the Throat and Ear Department at Paddington Green Children's Hospital.

Naval and Military.

Staff-Surgeon H. BRUCE MARRIOTT, R.N., and Staff-Surgeon NORMAN L. RICHARDS, R.N., are promoted to the rank of Fleet-Surgeon, and Surgeon SYDNEY CRONEEN, R.N., is promoted to the rank of Staff-Surgeon in His Majesty's Fleet.

The following appointments have been notified at the Admiralty:—Fleet-Surgeon ROBLEY H. J. BROWN to the *Majestic;* Staff-Surgeon F. D. LUMLEY to the *Mars;* Surgeon A. R. THOMAS to the *Ariadne;* and Surgeon P. F. MINETT to the *Halcyon.*

Colonel P. A. WEIR, M.A., M.B., C.M., Indian Medical Service, has been appointed Inspector General of Civil Hospitals, Central Provinces, India.

Major H. St. G. S. HORE, R.A.M.C., is placed on retired pay.

Lieutenant R. GRENVILLE ANDERSON, R.A.M.C., is seconded for service with the Egyptian Army.

Surgeon-Major A. KINSEY-MORGAN, M.D., 1st Dorsetshire Volunteer Battalion Royal Garrison Artillery, is promoted to be Surgeon-Lieutenant-Colonel.

Surgeon-Captain S. F. HOLLOWAY, 2nd Middlesex (South Middlesex), V.R.C., resigns his commission.

University of Oxford.

W. RAMSDEN, D.M., Fellow of Pembroke College, and E. W. AINLEY WALKER, D.M., Fellow of University College, have been elected members of the Board of Faculty of Medicine.

Sport.

Hockey Club.

GUY'S v. MIDDLESEX.

INTER-HOSPITAL CUP TIE.—FIRST ROUND.

Played at Blackheath on Friday, February 8th, 1907. Result—Guy's 12 goals; Middlesex 0.

As the score indicates, this match was somewhat one-sided, and therefore it is difficult to prophesy how we should fare against a more organised attack and defence. As it was, our forwards were enabled to bring off some excellent and pretty short passing, which at least was very promising. The game itself calls for little comment, it resolving itself into an almost continuous attack on our opponents' goal. Individually several of the opposing backs were good, but failed in not having a thorough knowledge of the game, and not using their feet enough. On our side the great feature of the game was the shooting, Gibbons being brilliant in this respect. He scored 6 goals himself, several from an acute angle and awkward positions. Many other shots of his which hit the goalkeeper were unlucky in not finding the net. The other goals were scored by Ticehurst, 3; Dryland, 2, and Bromley, 1. Dick at outside left has immensely improved, works very hard, and takes his passes well. He centred well, but must not get into the habit of stopping to let the pursuing half overshoot him before centreing, as it enables the defence to get back, while at the same time his forwards are checked, and consequently receive the ball standing still, which is a very great disadvantage. It cannot be helped sometimes, but he must always try to centre on the run, and as soon as possible when in the opposing twenty-five. Dryland makes an excellent centre, and the three inside forwards worked very well together. Both outsides must make a point of centreing as hard as possible. Bromley did not have much to do, but showed great pace, and Ticehurst would do well to remember this, and also to shoot and give his passes more quickly, an old fault of his. The halves easily held their opponents, and left little to their backs to do. Clarke marked his man well and used his feet with judgment, but should sometimes centre and not pass to his wing when in the opposing twenty-five unless compelled. Duke was good, and makes good use of his reach, but the two backs were too much on one side of the field together, Archer showing a disposition to wander across too much, thus leaving his side open, a dangerous habit when near his own goal. Moyle kept goal with judgment, and for once his great speed was used at the right time, as he got to the ball first, instead of being, as usually happens, a bad second. Leckie and Thomson were as good as ever. "DECREPIT."

Birth.

SCOTT-TURNER.—On February 11th, at Anerley Road, Upper Norwood, the wife of Arthur Scott-Turner, M.R.C.S., L.R.C.P. Lond., of a daughter.

ED.—C. L. L.

GUY'S HOSPITAL GAZETTE.

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Death of a Governor.

WE announce with much regret the death, under tragic circumstances, of SIR FREDERICK WIGAN, BART., one of the Governors of the Hospital.

He was known to have taken much interest in the recent L.C.C. election, and left his home at Upper Sheen on Saturday last for the purpose of recording his vote in the West Southwark division. About noon he was seen to fall down in Red Cross Street, but it was not until the police brought him to the hospital that he was recognised. He had suffered from heart trouble for some little time, we believe.

Sir Frederick had been a Governor of Guy's since 1893, and had given handsome donations from time to time to the hospital.

He was the senior partner in the firm of Wigan & Co., of Southwark Street, and probably the best-known member of the hop trade in England.

During the last twenty years he had been closely connected with St. Saviour's Cathedral, where his munificence in connection with its restoration and the founding of the Chapter has been on a scale of princely liberality. Few men in Southwark were better known, and in every relation of life his high character and kind consideration won for him the esteem and regard of all who knew him.

Passim.

THE bronze tablet, erected to the memory of the late Dr. Washbourne, has at last been placed in a position where it can be admired and inspected. Hitherto it has had a place of repose in the Museum, where, it is safe to say, very few people would have looked for it, and still fewer, after searching, would have been likely to find it. Now it has been given a resting-place on the wall facing the stairway to the Medical School offices. Here it hangs next the tablet to Dr. Moxon, and as it is in a good light it shows to the best advantage. The tablet, of which we hope to give a photograph in a later issue, is from a design by Mr. Roscoe Mullins, and was completed some four years ago.

PRESENT and past club members will regret to hear of the departure of one of the oldest and best-known members of the club staff. "Old Miller," as he was known to most, leaves in consequence of the change of caterers, and thereby severs a connection with the Students' Club which dates back for nearly twenty years. An old seaman, he gave up the sea to become general factotum of the club at its commencement, and as such was well known to all Guy's

men. It was he who posted up the menus in the colonnade and college, who laid the fires, and attended to the lavatories. Those who gained his confidence sufficiently well to make him indulge in reminiscences will remember his stock of sea yarns, and the large fund of experience—and in some respects of adventure as well—on which he could draw when he was in a conversational mood. His service to the club has been continuous, with the exception of a short break sixteen years ago, when he went to Australia, and his discharge at the present moment, when he is seventy-six years old, leaves him practically stranded. For so faithful an old servant as Miller there should not be much difficulty in finding a new situation, or at least in helping him in some other way.

The Gillson Scholarship in Pathology of the Society of Apothecaries has been awarded to Dr. F. A. Bainbridge, Gordon Lecturer in Pathology.

The Treasurer has received from the executors of the late Mr. Charles Oldham, of Brighton, the sum of £1,000 for the endowment of a prize in Ophthalmology, to be called "The Charles Oldham Prize." Full particulars as to the regulations for this prize will be announced later on. The Treasurer has also received a second anonymous contribution of £200 towards the fund for the endowment of medical research and education.

Mr. Charles Oldham's connection with Guy's dated as far back as 1865, when he entered the Medical School. He passed his final five years later, and was appointed Assistant House-Physician, later on becoming Assistant House Surgeon and Resident Accoucheur. In 1871 he obtained the diploma of Fellow of the Royal College of Surgeons, and became R. M. Officer of the Evelina. He selected Ophthalmology as his speciality, and for some time held appointments at the Moorfields Eye Hospital and at the Central London Ophthalmic Hospital. While there he invented Oldham's Improved Refracting Ophthalmoscope. He was Vice-President of the Ophthalmological Society and President of the Ophthalmological section of the British Medical Association in 1886.

With the object of encouraging original research in Sanitary Science, the Grocers' Company offer two Scholarships, each of £300 a year, with an allowance to meet the cost of apparatus and other expenses in connection with the work, tenable for one year, but renewable for a second or third year, subject to the conditions of the scheme under which they are established. The next election will take place in May, 1907. Applications must be sent in before the 1st April to the Clerk of the Grocers' Company, Grocers' Hall, London, E.C., from whom a form of application and further information may be obtained.

The insertion of Mr. Fremantle's letter in our last issue has aroused the wrath of several correspondents. One of them sends us a letter which cannot be inserted. A certain amount of latitude with regard to the use of adjectives we are quite prepared to allow, just as we allow correspondents to adopt their own style in splitting or not splitting verbs. Some people, after all, cannot express themselves without adjectives, and to others such a sentence as "to inevitably and assuredly lower the Gazette . . ." may sound as pretty as the other way of condemning us. We do not object to either class—in moderation. But when we are asked to publish a protest couched not only in a style which is not quite compatible with the best canons of English grammar, but in language which is splenetically abusive, we must really beg to be excused. Besides, our strong-minded correspondent has forgotten to inform us who he is.

To Mr. Hopson's criticism we have not the slightest objection, and we insert it the more gladly because we are delighted—it may not be a good word, but it will serve—to find that one, at least, of our critics has alluded to a just grievance. The heading of the letter was Mr. Fremantle's own, and we saw no necessity to alter it. Obviously the letter was written by a party man, and in inserting it—and, moreover, in commenting on it—we did not venture any opinion

as to the soundness of the views it expressed. Mr. Hopson surely does not imagine that everything which appears in our correspondence columns has our whole-hearted sympathy and approval. It would be a sad pity if we were not allowed to permit others to voice opinions or discuss in the correspondence column matters which cannot properly be dealt with in "Passim."

We fail to see how the insertion of Mr. Fremantle's letter and the "Passim" note on his candidature can have lowered the Gazette to the level of a party paper. Mr. Fremantle is a Guy's man, an old editor of the Gazette, and a man, moreover, who has shown himself capable of discussing public matters in a sane manner. As such, his candidature cannot but fail to interest us, no matter whether our sympathies blend with, or are emphatically opposed to his own. The same publicity and a similar comment would have been given to one of his opponents under such circumstances.

Mr. Hopson will pardon us if we beg to differ from him in regarding the Gazette as something which must be absolutely and wholly unconcerned with the outside world, as a pamphlet solely for hospital matters in which nothing of general, or even "party" interests may be discussed. There are many questions of professional interest which do not lie quite outside the range of so-called party politics. So far as we know, the Gazette has no "policy," and its Editor, not being the exponent of the views and opinions of any one section, has only one line to follow, namely, to comment on such matters as are worthy of comment in a non-committal and impartial manner. If in drawing attention to an old Guy's man's candidature at the municipal elections our correspondents judge that we have overstepped the limits of impartiality, we can only express our regret, and assure them that on future occasions, under like circumstances, the Gazette will be liberal enough to consider personality above party.

At a meeting of the Council of the Guy's Hospital Past and Present Nurses' League, Mrs. Fagge, the Hon. Treasurer, reported that she had received from the Special Appeal that she had sent out in aid of funds to reduce the debt of over £4,000 on the Nurses' Recreation Cottage at Honor Oak Park, the following sums:—

	£	s.	d.
From the Governors	110	16	0
From Members of the Staff	43	15	6
From Past Members of the Nurses' League	26	3	6
From Present Members of the Nurses' League, by the Nurses' Entertainment, and proceeds of Photographs given by Mr. Henderson	50	0	0
From Gymnastic Display, per Mr. Minett	10	0	0
From other Friends	6	8	6
	£247	3	6

It was unanimously agreed to pay a sum of £250 off the Capital Account, the difference being made up from the General Fund. The date of the Annual General Meeting of the League was fixed for Friday, March 22nd, 1907, the Nurses' Photographic Exhibition to be also opened on that date.

The annual Inter-Hospital Competitions in Boxing, Fencing and Gymnastics will be held this year on March 22nd. The Committee, we understand, has secured the Gymnasium of the Regent Street Polytechnic Institute for the evening, but definite arrangements have not yet been made. Four or five hospitals are expected to participate in the competitions. It is interesting to note that the fencing will be judged as "Epée and Foil" instead of as "Foils and Sticks" as in previous years—an innovation in accordance with the rules of the Amateur Fencing Association. Our team is a strong one this year, and there is every prospect that Guy's will do well in the struggle. Mr. E. P. Minett has resigned the office of secretary which he has so ably held for the past four years, but will continue to act as treasurer. Mr. Twining, of University College, has been appointed secretary in Mr. Minett's place.

The Physiological Society has reached its dining stage—a sure sign, according to the rule

recently enunciated by Mr. Golding-Bird, that it is on the high road to success! It is proposed to hold the first annual dinner of the society this term. The date has not as yet been definitely fixed, but the secretary appeals for the cordial support of all past and present members. We do not doubt that they will readily respond. The "Physiological" is one of our most vigorous associations, and the committee is to be congratulated upon deciding to make its social side even more attractive than it is at present.

Hurrah for the Cup! Once again the Rugby Cup has found a resting-place in the Smoking-room. After a strenuous game at Richmond on Thursday last we defeated London by 7 points to 3. Our sincere congratulations to the "fifteen" who achieved such a notable success.

Guy's Physiological Society.

A Meeting of this Society took place on February 4th, when Mr. G. Maxted read a very interesting paper on "Growth."

One of the very first essentials for healthy and vigorous growth in the child is fresh, pure air. Although very little chemical difference exists between town and country air, yet the beneficial effect of the latter on growth is indisputable. The food supply to a growing child comes next in importance. Mental work should be limited, sleep plentiful, and exercise carefully regulated. Increased care should be observed at the advent of puberty; growth at this time is enormously increased. Consequently there must be concurrent development of mind. A short account of the growth of bone was given, and a description of some of the experiments of John Hunter and of John Belchier. The former fed animals on madder, the colouring principle of which has a strong affinity for phosphate of lime. On killing a pig which had been fed on madder, Hunter found that the outer parts of its bones were redder than the inner. The connection between the growth of the body and the ductless glands was briefly considered. After removal of both testicles in young animals, it has been noticed that the epiphysial cartilages do not ossify so soon as usual, and this leads to the bones becoming much enlarged. Acromegaly is associated with disease of the pituitary body, and in this disease bones, in certain parts of the body, become very much enlarged.

Guy's Hospital Debating Society.

Annual Dinner.

The Annual Dinner of the above society was held in the College dining-hall, on Saturday, March 2nd, Dr. Savage in the chair, when forty-four members sat down to dinner.

The principal item on the after-dinner programme was the address by Dr. Savage, but the musical programme contributed to by Messrs. Ormond, Kidd and Matthews was excellent, and three recitations by Mr. Dryland were very much appreciated.

Mr. A. R. Thompson, who wished to propose the toast of "The Guy's Hospital Debating Society," said he found it a most pleasant duty. He had been connected with the society since he first entered the hospital. Among other changes which had taken place during those years, he noticed that the attendances at meetings were smaller now than heretofore, but that the speeches were much better. He thought that, after all, excellence of speeches is the true object of the society, and not mere regularity of large attendances. Especially he noticed improvement in the speaking of men in their second year. He wondered sometimes if they practised on the seashore during their first summer vacation. The topics for discussion, too, were now much better than those of years past. He could not conceive of a better subject to choose for a ladies' night debate than the one in the present season. He thought the Debating Society had a good influence on those who attended it. For one thing, it enables one to get up at any time and speak (cheers), and whether he has anything to say or not, it does him good (cheers). Finally, it teaches one to know when he has said enough.

Mr. K. H. Digby, senior secretary of the society, replied briefly. The Debating Society has existed fourteen years, and is as flourishing as usual. He thought every doctor now-a-days should be able to talk, spending, as he does, so much time in oration connected with bad debts and law cases.

Dr. Fawcett, who was received with cheers, wished to propose "The Health of the President." He had hoped to do so after Dr. Savage had delivered his address, in order to obtain a few hints from it. His memoirs of Dr. Savage were many, starting twenty years ago, when he used to follow him round Bethlem. He remembered perfectly Dr. Savage's methods of teaching, not by lists of causes, etc., but by mental pictures. He thought that students often wondered: What is the use of the consulting staff? He could point to Dr. Savage and remind the society how frequently their president came down to their meetings and annual dinner. He regarded Dr. Savage as the main asset of the society, and in conclusion he hoped that there would be no change of president in the

society for many years to come. He called upon the society to drink the health of Dr. Savage with musical honours.

Dr. SAVAGE, in rising to reply, was greeted with loud and prolonged cheers. He then said that last time he was at the hospital was on the occasion of the Ladies' Night. Then we were speaking of the bliss of ignorance. He thought that the society was now blissfully ignorant of himself. He could not say how much he always enjoyed coming down to the meetings. A man commences his life with experiences; he then arranges these experiences, and finally philosophizes on them. After he had named his address, he had thought it would have been better styled "Tall Talk, chiefly Alpine." His strong advice to those who do not climb is to walk. When he was house-surgeon he earned fifteen pounds. That fifteen pounds he put aside for walking in Switzerland, which he did with no climbing at all. But if one does not wish to go to Switzerland, quite as good walking, and climbing too, can be had elsewhere. For instance, the most thrilling experience he ever had was in Cumberland, after having been a member of the Alpine Club for fifteen years. A certain gap on Scawfell had never been climbed. Next year a rumour reached him that this gap had been climbed, and not by a member of the Alpine Club. So he started off to climb it. He was one of four, all roped together. After some distance the other three lost sight of the leader, round a projection of rock. Then suddenly they heard a slip, and the rope tightened. There, hanging beneath them on fifteen feet of rope, was the leader. Most fortunately he had bounded against a rock beneath, which no doubt had saved him, and perhaps all four, from certain death. They got him up, and though he looked very pale he went on, and they climbed the gap. The next day the man who had fallen was very little good at climbing, and the day after, no good at all. He finally recovered, however, and was none the worse for his adventure.

Before he had done any climbing, Dr. Savage had always thought it a fool's game. He saw people returning very tired, with hands and knees torn and eyes dazzled, and could see nothing in it. However, one year he won the St. Stephen's Club Derby Sweepstake, and determined to go, get one of the best guides, and climb. On arrival in Switzerland, he was struck by the figure of a man carrying an axe, who had come to meet the diligence on which he had been travelling. This man, who was a guide, told him that his own gentleman had disappointed him. Dr. Savage forthwith tried to engage the guide; but the latter only said that he would try him on the next day and see if he could walk. He did so, and Dr. Savage gave him every satisfaction. This guide is still living, though he is an old man now, but is a fine specimen still. He was a man who, if bullied, would say that you can order a servant about at an hotel, but not a guide in the mountains. If one lost his temper with him, he would wait until one had finished speaking, and then say, "Now you are better." The guides greatly object to anyone but themselves guiding in their own districts. An amusing tale is told of two guides, one from Zurmatt and the other from Mont Blanc, who each at separate times kicked the other severely for trespassing, and finally became great friends.

In the Lake District, on one occasion, Dr. Savage and some friends decided to glissade down a slope of some hundreds of feet. Too late they discovered it was sheer ice. His friends retained their footing all right, but he himself did not, and was completely buried in soft snow at the bottom. His spectacles were afterwards rescued from several feet down in the snow. One experience, which is rare nowadays, is that of sleeping out of doors. Dr. Savage has had several, and admits that some of them were not happy. Early one season he and a guide arranged to sleep in a hut on the side of a mountain and complete their climb on the following day. Unfortunately the door of this hut had been left open, and goats had been finding a resting place in it. They could not stand it for long, but went and tried to sleep outside, and only when nearly frozen did they go in again—to the fleas. They were so uncomfortable that they started climbing again long before dawn, and on returning to the village were told that they had not climbed the mountain, because the visitors had had the telescope on it all day and had not seen them. The Wolseley bag, which is now in use in the army, was invented by Sir Henry Howse. Dr. Savage has used them, and filled them by blowing in smoke. They are very comfortable and quite warm, so long as there is no puncture in them. But it must be remembered that, with your arms inside the bag, you are helplessly at the mercy of anyone standing by. The speaker had had an experience of this when showing some friends at an hotel how to use them while lying on a billiard table. Night on the mountains is lovely. The effect of the stars is wonderful, and constantly there are slight avalanches all around. His guide always used to think he was in training. On one occasion his guide insisted on his starting, immediately on his arrival, on a seventeen hours' climb. They did it, and at night could find no accommodation except the bureau at a little hotel. This was very uncomfortable. To begin with, the hotel people only supplied the tiniest of basins and a very small jug of water. His thirst quite accounted for the latter. Then there was a cuckoo clock, which Dr. Savage regrets to say no longer cuckoos. And finally, he was most disturbed, when he at length did sleep, by an extraordinary dream, in which he saw himself doing his own post-mortem. This dream was so wonderful that he decided to write it down, whereat his guide, finding him awake, insisted on hurrying him off for another seventeen hours' journey. On that occasion, when doing Monte Rosa, Dr. Savage had heart cramp for the first time in his life.

Another interesting experience assures Dr. Savage that sudden death in the mountains is not painful. On this occasion he had dropped his axe and was going to

fetch it. He thought he was jumping on to a hill side, but it was ice, and he commenced to slide, faster and faster, and then into the air. He had no conscious-stricken feeling then. His only thought was, "I have no cards on me; they won't know the body." Dr. Savage advises those about to climb for the first time to have the best guides and to wear their biggest boots. He had met Americans in dress boots proposing to climb the Matterhorn.

On one occasion Dr. Savage and Dr. Taylor were climbing together with a friend and decided to return by an altogether unknown route. Darkness came on as they were descending, and they luckily decided to stay where they were for the night: they were just above the edge of a sheer precipice. They were roped together, and had the rope round the upper side of a large rock. Consequently, being the heaviest, he was alone on one side of the rock, while the other two were on the other side. They talked all night and told stories, but he by himself tried to sleep. This it was impossible to do for more than a minute, because he had to shift up his foot, which was slipping every minute from the ledge on which it rested. Yet in one of those minutes he dreamt a dream of occurrences which in reality would have needed hours to take place.

Last winter Dr. Savage went to Grindelwald, ski-ing. He described the delights of this sport, the chief feature of which, he says, is that you take an hour to climb up, and five minutes to come down. Efficiency in ski-ing is shown by not needing to use an alpenstock. In showing some friends how to do this, Dr. Savage himself realized that pride comes before a fall. There is some danger in winter climbing. He was coming down a glacier, enjoying himself with some friends and a guide, when suddenly they heard a roar behind them. The guide told them to run and follow him as fast as possible. They ran as best they could, constantly tripping and slipping, but moving at a considerable pace. Then, Dr. Savage said, it was like being in London, thick and foggy; then there was a terrific wind sweeping round them, and darkness just like night. They were in the edge of an avalanche. For a minute it was impossible to breathe, and had it lasted longer, or had they been in the middle of the avalanche, they must all inevitably have perished.

Dr. Savage concluded by saying that he had finished Tall-Talk. In one's younger days one walks, in elder days one—well—talks.

The proceedings concluded with the singing of "Auld Lang Syne" and the National Anthem.

Sir Cooper Perry, M.D., has been appointed a member of the Board of Electors to the Downing Professorship of Medicine in the University of Cambridge, in place of the late Sir Michael Foster.

The Gillson Scholarship in Pathology for 1907, Society of Apothecaries of London, has been awarded to Francis Arthur Bainbridge, M.A., M.D. Camb., D.Sc. Lond., M.R.C.P. Lond.

Correspondence.

To the Editor of Guy's Hospital Gazette.

A Protest.

Dear Sir,—I do not know whether the heading, "Guy's v. L.C.C. Wastrels," was selected by yourself or furnished by the correspondent whose letter is printed beneath it, in your last issue. In either case, I would ask to be allowed to enter a strong protest against the use of the columns of the Gazette for party-political purposes.—I am, sir, yours faithfully,

MONTAGU F. HOPSON.

February 27th, 1907.

L.C.C. Election.

Dear Sir,—I hope you will allow me, in our columns, to thank most warmly those Guy's men who helped in Rotherhithe at the Election last week. They chucked out, they canvassed, and they brought voters to the poll with encouraging effect. A little more work, 150 won over, and we should have won. A little more work next time and Guy's will have its direct representative in the L.C.C. or in Parliament.—Yours most truly,

FRANCIS FREMANTLE.

Change of Address.

Colonel H. J. W. Barrow, R.A.M.C., from Dalhousie to Lahore, India.

Captain H. P. W. Barrow, R.A.M.C., from Woolwich to R.A.M.C. College.

Captain C. R. Evans, R.A.M.C., from Aden to York.

Lieutenant A. W. Gater, R.A.M.C., from Murree to Attock, India.

Staff Surgeon F. Davidson Lumley, R.N., from H.M.S. *Nile* to H.M.S. *Mars*, Home Fleet, Devonport.

Dr. F. W. Rowland, from 6, Waterloo Place, Brighton, to 3, St. George's Place, Brighton.

Lieutenant P. K. Tarapore, I.M.S., from Guy's Hospital to c/o Messrs. Henry S. King & Co., 9, Pall Mall, S.W.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

Papers by Guy's Men.

Orthodontia; Cases where the Mesio-distal Relation of the Jaws is Normal. Illustrated. By H. Chapman, L.D.S. Eng., D.D.S. Penn.—*The Dental Record* for February, 1907.

On Diurnal and Nocturnal Variations in the Excretion of Uric Acid. By J. B. Leathes, M.B., B.Ch., F.R.C.S.—*Journal of Physiology*, Nos. 1 & 2., vol. xxxv.

Appearances.

CLINICAL LECTURE BY Mr. LANE.

Gentlemen,—The subject which I wish to consider with you to-day concerns the various facial appearances of individuals. To do this we must study the factors which determine the form of the several bones of the face by examining abnormal conditions in which these factors may be said to run riot to a certain extent.

Fig. 1.

Before proceeding further, I would beg those of my audience who are engaged in the study of dentistry to deal leniently with me should I show a deplorable ignorance on the subject of teeth, and of the several deformities of the jaws which dental science teaches you to treat so efficiently. You cannot expect a general surgeon to have more than a very superficial knowledge of the subject. Still, I will endeavour to approach it from the point of view of one who has not the special knowledge and advantages of a dental surgeon.

Perhaps the most important of the factors which determine the forms of the bones of the face is the effective and forcible ventilation of the naso-pharynx, which results from the backward and forward passage of air through that cavity in normal respiration.

To get an idea of the strength of the developmental factor which this breathing air exerts we must examine one in whom this mechanical force has been in a greater or less degree of abeyance. We have any number of instances at our disposal, and we can almost gauge the amount of air that passes habitually through the cavity by observing the appearance of the individual.

In a well-marked case, as in that illustrated by Fig. 1, the malar bones do not project as in the normal subject, and below the eye is a deep hollow which continues on to the side of the nose. The nose is often compressed laterally, while the anterior nares are slit-like, small, and immobile. The mouth is open, the upper lip being raised, and exhibiting that form described by novelists as Cupid's bow. The upper incisors are uncovered to a varying extent while the individual is passive, but when talking or smiling the whole of these teeth, with more or less of the gum, may be shown also. A slight degree of this abnormality gives the face what is called a refined appearance, as opposed to that presented by the broader well-developed type, which exists in association with a naso-pharynx of good capacity; but while this is true of the slighter conditions, it is certainly not the case if the state of affairs is more advanced, when it is anything but pleasing.

When this condition of imperfectly-developed naso-pharynx occurs, as it does, more especially in the female, besides the fact that the upper incisor teeth are too much in evidence, they frequently occupy a plane which is considerably in front of that occupied by the lower incisors. When this is a marked feature it is called "superior protrusion" by the dental surgeon. This appears to me to arise in two ways. The less common is the association of an ill-developed lower jaw with a normally-developed upper. This is shown in Figs. 2 and 3, which illustrate cases of superior protrusion in women, due to deficient development of the lower jaw. The palate and naso-pharynx were normal.

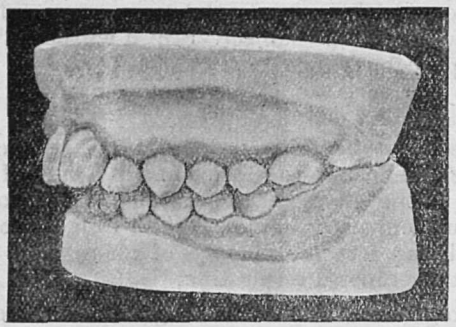

Fig. 2.

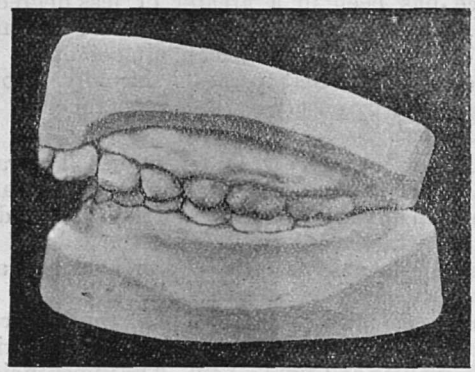

Fig. 3.

The more usual deformity is consequent upon an imperfect development of the naso-pharynx due to mouth-breathing. Now, what are the conditions of the bones which produce the type we have considered? The alveolar arch is compressed laterally, and if the teeth are placed regularly, the anterior portion of the arch must project beyond the normal to a degree corresponding to the lateral approximation of the alveolus. Therefore, in the ordinary course of events, the upper incisors, project abnormally beyond the lower incisors and superior protrusion results. This protrusion of the upper incisors beyond their normal position need not, however, exist if the teeth are placed irregularly when the length of the alveolus is lessened, or some of the teeth may be absent, due to non-eruption or early extraction.

Or, again, the lower jaw may be excessively developed. This last occurs very frequently in the male subject, in whom a considerable degree of ill-development of the naso-pharynx may exist without superior protrusion. The excessive ventilation in the mouth of the mouth-breather appears to render the teeth more liable to caries, to keep the tongue dry, and to make the breath more or less offensive.

The palate is abnormally high, and this is exaggerated apparently by the lateral approximation of the alveolar arches. In proportion as the palate encroaches upon the space occupied normally by the nasal cavities, so are these latter rendered defective. They are not only

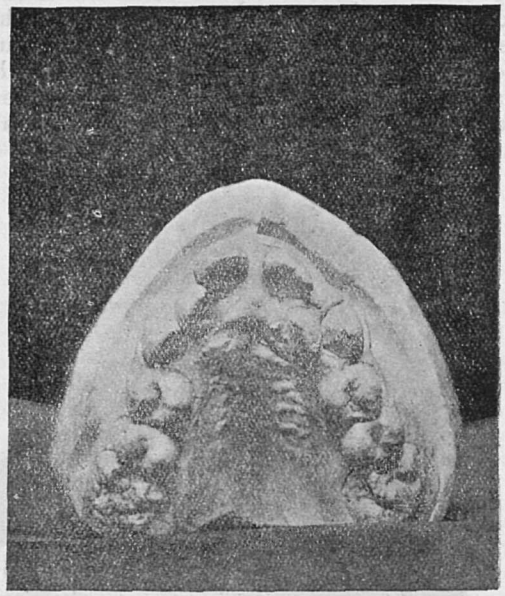

Fig. 4.

Fig. 4 represents the upper jaw of a case of very imperfectly developed naso-pharynx. It shows the high palate and lateral compression of the alveolar arch. The condition of superior protrusion was only very slight because of the dental irregularity and defect.

less deep than normal, but their breadth is also reduced materially, as is also the area of the maxillary antrum which opens into them. The surfaces of the upper jaw and the malar bones are consequently less prominent than they should be.

The septum is frequently deflected, interfering more or less with the lumen of the nasal cavity, and sometimes causing the nose to be turned to one side. Spurs are frequently present, and serve also to reduce the calibre of the nose, and to render nose-breathing difficult. It would seem as if the nasal septum had a certain growing capacity which is not influenced by the want of development of the rest of the nose.

I need hardly remind you of the disabilities, both medical and surgical, which result from this ill-developed condition of the naso-pharynx.

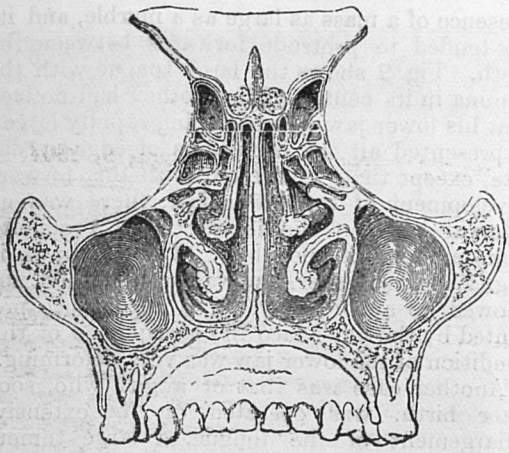

Fig. 5.

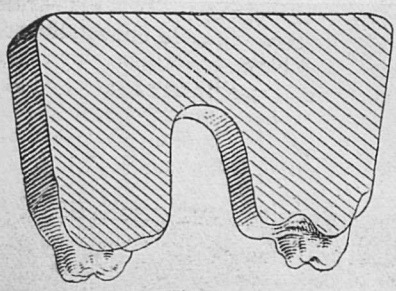

Fig. 6.

Fig. 5 represents a vertical transverse section through the nose in a normal subject, while Fig. 6 is a transverse section through the same plane of a cast made from a case of imperfectly developed naso-pharynx.

I might just instance recurring catarrhs, tonsillitis, asthma, deafness, etc.

We are all very familiar with the extent to which the appearance of the individual can be influenced by the size and shape of the lower jaw, even within what may be regarded as normal limits. While, on the one hand, the lower jaw, which is small as compared to the upper, suggests a certain weakness of character, a large well-developed jaw indicates, on the contrary, a powerful type, either physical or mental, or both.

Apart from the hereditary element, what is the chief factor which determines the form of the lower jaw? I take it that the arch of the lower jaw varies in size with that of the tongue. If you have a small tongue you have a lower jaw which produces a variety of superior protrusion which is not uncommon in civilized communities, while if the tongue is abnormally large, the lower jaw bears an abnormally great relationship to the upper jaw. In such cases the incisors of the lower jaw reach to the vertical transverse level occupied by the upper incisors, producing what is called edge-to-edge bite, or projecting beyond it, forming underhung bite. You might fairly assert that the tongue is small because the jaw is small, and large because the alveolar

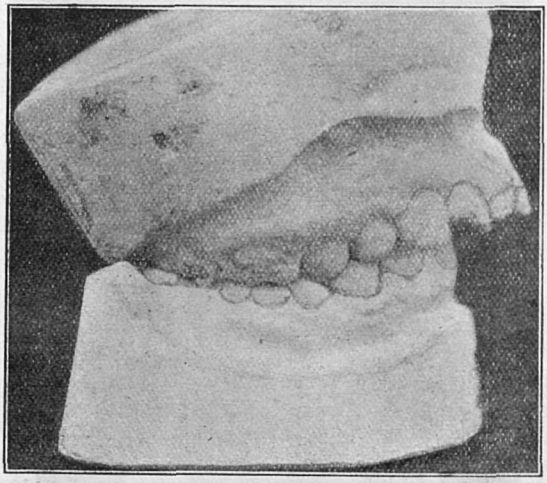

Fig. 7.

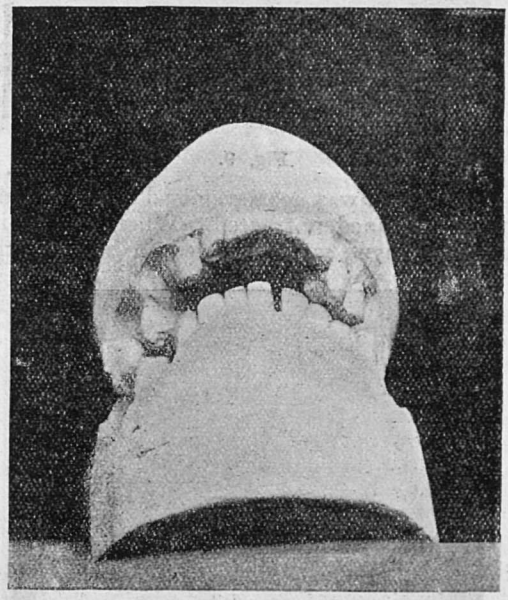

Fig. 8.

Fig. 7 shows a case of superior protrusion in profile, and Fig. 8 a similar case looked at from below and in front.

arch is abnormally roomy. This I can show you is not so, and I will illustrate it by means of two cases.

One is that of a boy whose parents had normal jaws. He developed a gumma of the

Fig. 9.

tongue, which was not recognised for some time, and so remained untreated. When I saw him first his tongue was increased in bulk by the

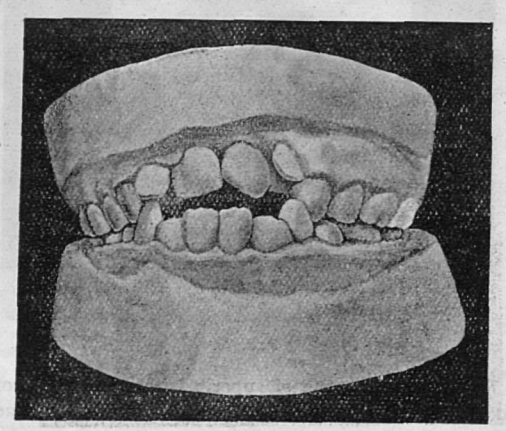

Fig. 10.

presence of a mass as large as a marble, and its tip tended to protrude forwards between the teeth. Fig. 9 shows the large tongue with the gumma in its centre. His mother had noticed that his lower jaw was becoming rapidly larger. It presented all the conditions of edge-to-edge bite, except that, associated with this forward development of the lower jaw, there was an interval between the incisor teeth producing some amount of open bite. This is shown in Fig. 10. The upper jaw was well formed, and showed no abnormality. The appearance presented by the boy's face in consequence of this condition of the lower jaw was very deforming.

Another case was that of a girl who, soon after birth, was operated on for extensive enlargement of the tongue, a large tumour being said to have been removed.

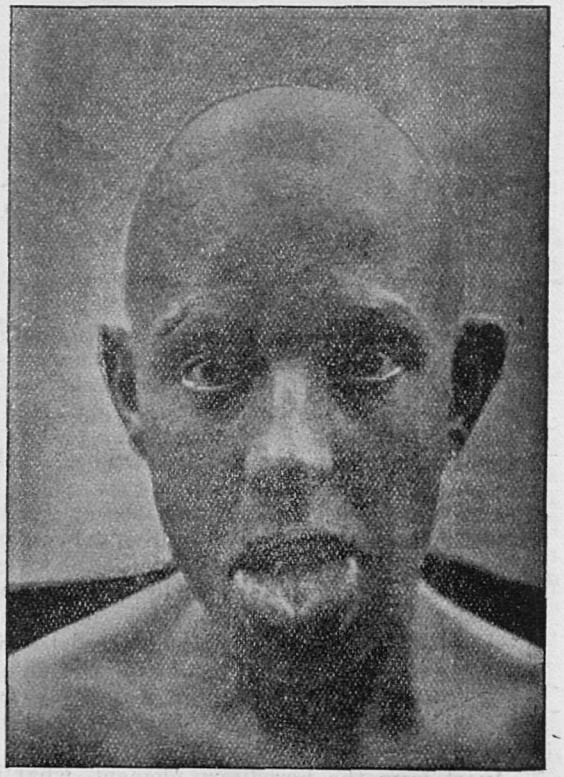

Fig. 11.

When I first saw her, at nineteen years of age, she had a very large lower jaw, which projected forward very considerably beyond the level of the upper, and associated with this there was a great amount of open bite. The tongue was very large, but was comfortably accommodated by the very large lower jaw.

Fig. 12.

The girl suffered great mental distress from the deformity, and begged that by some operative measures she should be made less repulsive. With the assistance of one of my dressers, who was a dental surgeon, and made plaster casts of the jaws, we gauged as accurately as we could the amount of the lower jaw which required to be removed on either side in order to bring the lower jaw into a normal relationship with the upper, and also the proportion of the tongue which had to be excised to make it fit the altered space confortably. The jaw was then sawn through on either side, and wedges of bone were removed, and the fragments were wired together. As far as the relationship of the jaws was concerned the result was excellent. I have not got illustrations showing the condition of her jaws before and after operation, but Figs. 11, 12, 13 and 14 represent a very similar case. Fig. 11 shows the abnormally large tongue protruded from the mouth, Fig. 12 a radiogram with the mouth closed, Fig. 13 a cast, and Fig. 14 the condition after operation. Unfortunately the mouth, which was necessarily very large indeed to allow of the free movement of the lower jaw on the upper, now looked even larger still when the lower jaw was restored to its normal size. As she begged to have it converted into a rosebud, I promised to do my best at a later period, and arranged to re-admit her after an interval of six months.

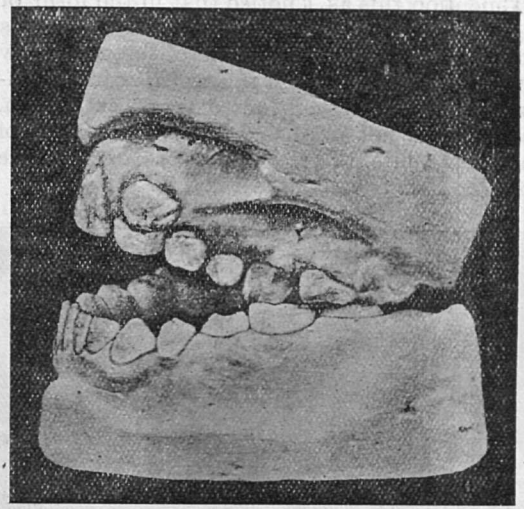

Fig. 13.

Though I was quite familiar with the fact that the size of the mouth varies chiefly with that of the lower jaw, or, in other words, with the space between the jaws when they are separated, I was not aware of the rapidity with which nature can compensate for altered conditions. When I saw her six months later, I found that, though the mouth had not reached the limit she longed for, yet it corresponded to the size of her jaws, and she was quite pleased with it.

In passing, I would just point out that in my experience, whenever the lower jaw is increased in size by the tongue developing abnormal proportions, there is associated with the forward movement an amount of open bite which may in some cases be very great, and which, quite apart from the increased size of the jaw, is very disfiguring.

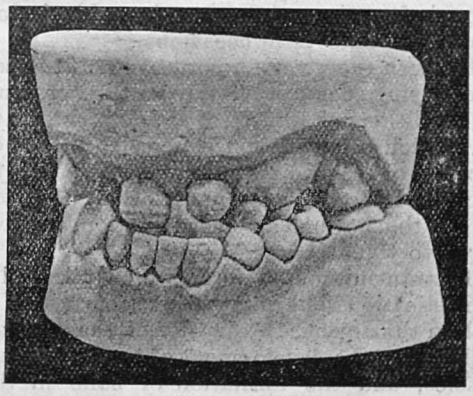

Fig. 14.

I mention this as I notice that in the form of edge-to-edge or underhung bite, which results from an imperfect development of the upper jaw from great irregularity of the teeth, or from non-eruption of certain teeth, or from early extraction, open bite is not present, but in this variety of underhung bite, the lower incisors overlap the upper. This is well shown in Fig. 15.

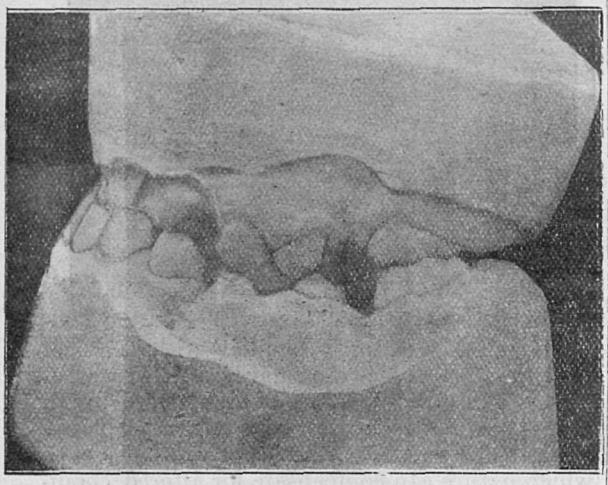

Fig. 15.

Although one sees children who at birth have, by inheritance or by accident, abnormally ill-developed lower jaws and teeth, I do not think that this in any way detracts from the principle that the tongue exerts the chief influence in the development of the lower jaw, and that if we are able to increase the bulk of the tongue, which is composed of muscular fibres, by masticatory exercises, and by the use of suitable foods, we will succeed in increasing the size of the jaw with the same certainty that we can stop the growth of the lower jaw, when excessive, by the removal of portions of the tongue, as I have done successfully on several occasions.

The teeth exert very important functions both in occupying space and in transmitting pressure. The conditions of imperfect development of the jaw, which arise in consequence of the non-eruption or early extraction of teeth, of the complete lateral displacement of teeth to one side of the normal alveolar situation, are well known to you all.

The transmission of force which takes place in mastication determines the security of the teeth in the alveoli, the density of the structure of the jaws, the development of the masticatory muscles, and the formation of bone in their tendinous insertions.

Clinical Notes.

Cases of Interest in the Wards.

MEDICAL SIDE.—Dr. HALE WHITE.

Addison 24. R. H., æt. 32.—Transferred from the surgical wards December 1st, 1906, for pyrexia, an extensive dermatitis, and pain and swelling in the joints. Nothing of importance in his personal or family history. Present illness commenced in May, 1906, with pains and "tingling" in joints, and later on the patient developed sores on his legs. On admission all joints were painful. There was considerable effusion into the knee-joints, the ligaments being greatly stretched, while the right tibia was displaced outwards and backwards. There were large areas of superficial ulceration with large bullæ over the hands, feet, legs, arms, and head. Patient was much wasted, and most of his joints were swollen and stiff. While on surgical side, patient was treated with splints, anti-streptococcic serum, 10 per cent. calomel in parolene injections, and with a mixture of salicylates, arsenic and potassium iodide. His temperature varied from 98° to 102·8, being mostly, however, above normal. His respiratory and circulatory systems showed nothing abnormal. Blood-count showed 20,500 whites. Nervous system presented nothing abnormal. After transference to the medical wards, cultures were taken from the bullæ on the skin, and a pure culture of staphylococcus albus was obtained. On January 7th, a vaccine prepared from this coccus was injected, and a second injection of vaccine was given a month later.

Diagnosis.—Multiple arthritis and extensive dermatitis due to general infection.

Treatment.—Guaiacol carb. gr. v. in cachets ter die. Injection of vaccine.

Progress.—Since admission patient has considerably improved. The dermatitis is much better and the pyrexia is less. The effusion into the joints has diminished. The improvement appears to be coincident with the administration of the vaccine and the guaiacol carbonate.

Addison 21. F. C., æt. 64.—Admitted January 7th, for hæmaturia and pain in lower part of back and legs. Nothing of importance in life history up to commencement of present illness in May, 1906. Illness commenced with "a shivering fit," and patient had hæmaturia from the first, accompanied with sacral pain. He was treated for sciatica. On admission his urine was found to contain a large number of red blood corpuscles. On rectal examination the prostate was found enlarged. There is retention necessitating frequent use of the catheter, which is difficult to pass. There is a good deal of blood in the urine, and patient complains of a good deal of pain.

Diagnosis.—Malignant growth of prostate.

Treatment.—Morphia suppositories: urotropin, adrenalin 1/1000 injections into bladder. (Removed to surgical wards.)

Mary 15. V. T., æt. 1¾ years.—*Diagnosis.*—Acute broncho-pneumonia; acute gastric dilatation. (Died shortly after onset of gastric dilatation.)

Addison 11. W. R., æt. 21.—Admitted for enlarged glands in neck, axilla and groin. Three years ago this patient had an enlarged and tender gland removed from the right side of neck. Up to that time his health had been "quite good." On admission swollen glands were found in the right axilla and groin; both liver and spleen were greatly uniformly enlarged and easily palpable. Liver down to umbilicus, spleen below it. Blood count showed 5,575,000 erythrocytes and 5,953 leucocytes; the differential count was practically normal. Hæmoglobin 60 per cent. The cervical glands on the right side were suppurating. There was no cardiac or pulmonary lesion. Opsonic index to tubercle 1·75.

Diagnosis.—Generalised tubercle of lymph glands, with enlargement of liver and spleen, probably not lardaceous, as there was no albumen. Hodgkin's disease was discussed.

Treatment.—X-ray treatment, combined with arsenic internally, was tried at first, but patient did not improve. The light treatment was therefore discontinued. Since then patient has been treated with Mist. Arsenicalis.

Progress.—Since admission patient has felt better, but there has been no decrease in the size of glands.

Mary 12. E. M., æt. 25.—Admitted for shortness of breath and prominence of eyes. On admission patient's temperature was 98°, and her pulse-rate 140 p.m. She suffered much from dyspnœa; the thyroid was enlarged and the eyeballs were prominent, but there was no marked tremor of hands. The interesting feature of this case is the condition of the left vocal cord, which is fixed in a position of adduction.

Diagnosis.—Exophthalmic goître; the paralysis of the left vocal cord is thought to be due to an old perichondritis, fixing down the left arytenoid. This opinion is founded on the appearances seen with the laryngoscope, the complete fixation of the arytænoid being very evident.

Treatment.—Tn. Digitalis at first, and at present a mixture containing Liquor Arsenicalis, Potassium Bromide and Tincture Convallariæ.

Mary 10. M. B., æt. 29.— Admitted for fits. Three years' history. Patient was admitted in November last for fits. There was no opportunity of seeing a fit, but the history extended back for many years. The account given of an abdominal aura and of prolonged unconsciousness was very suggestive of epilepsy, but against this view there was the presence of slight optic neuritis. She went out in December, 1906, but was re-admitted in January, 1907, when well-marked optic neuritis with considerable loss of sight, severe headache, and typical Jacksonian fits, always beginning in the right thumb, were observed.

Diagnosis.—Cerebral tumour of the hand and arm area of the cortex on the right side—probably a glioma, as there was no evidence of tubercle syphilis or malignant disease in other parts of the body.

Treatment.—Patient was treated for some time with large doses of iodide of potassium, and as no improvement took place, Mr. Steward exposed the brain over the supposed seat of the tumour, which was found in the position suspected. It was a large rapidly-growing glioma incapable of removal. The relief of pressure due to opening the skull greatly relieved the headache and improved the sight.

Mary S.—E. M. E., æt. 23, bagmaker. Admitted on February 9th for hemiplegia. Five weeks since patient had had several fits, and was unconscious for three days. On recovery, the left arm and leg were paralysed, but the left leg recovered sufficiently for the patient to be able to walk.

Condition on admission.—There is hemianæsthesia, analgesia, and absence of sensations of left arm. The hemianæsthesia improved, but loss of sensation, not corresponding to any nerve distribution, remains in the arm. The area of anæsthesia is not quite unilateral; it varies in extent. Knee-jerks are very brisk, with a tendency to ankle clonus. Plantar reflex flexor, but very difficult to obtain. Tongue is definitely affected as regards sensation, there being left-sided hemianæsthesia, but movement is not impaired. There is no optic neuritis. The left hand and arm are paralysed, but not absolutely, patient having slight power of opposition. She complains of pain in the parietal region, and difficulty in swallowing. At times there is marked flushing of face, and also transient œdema of paralysed hand.

Diagnosis.—Functional (hysterical) hemiplegia.

Treatment.—Mist. asafœtida effervescens.

Progress.—She has had no fits since admission, and feels better, but there is no definite improvement in the paralysis of the arm.

Papers by Guy's Men.

On the Condition of the Blood-vessels during Shock. By John D. Malcolm, F.R.C.S.—*The Lancet*, 23rd February, 1907.

Simple Colonic Adhesions a Cause of Intermittent Attacks of Abdominal Pains. Illustrated. By A. E. Maylard, M.B., B.S.—*British Medical Journal*, 2nd March, 1907.

An Address on the True Aim of Medical Education and the Evil of the Examination Fetich. By Lauriston E. Shaw, M.D. Lond., F.R.C.P. Lond.—*Lancet.*

Dysmenorrhœa. By Thomas G. Stevens, M.D. Lond., M.R.C.P. Lond.—*The Clinical Journal*, February 27th, 1907.

Local Anaesthesia.

Paper read before the Guy's Hospital Dental Society, by Mr. F. N. Doubleday.

Mr. President and Gentlemen,—The production of Local Anæsthesia, in some form or other, is a matter of constant occurrence in our daily work, and is therefore a question of much practical importance. Shakespeare has said, "The evil that men do lives after them," and unnecessary pain is apt to be remembered against a practitioner as much as the avoidence of it adds to the esteem in which he is held by his patients. The object of this paper is to set the main facts before you, and I have arranged the materials under three headings:—

1st. Anæsthesia for sensitive dentine.
2nd. „ for excision of the pulp.
3rd. „ for minor surgical operations, such as extraction of the teeth, removal of polypi, hypertrophy of the gum, or of gum covering erupting teeth.

Under each of the headings I am using four sections:—

a. The drugs employed.
b. Their action.
c. The method of application.
d. Toxic or other objectionable effects.

1. *a*. In producing anæsthesia in tooth cavities, some alcohols, certain sedative oils, such as cloves or cinnamon, and substances like camphor and menthol, are used.

b. The action of alcohol is to coagulate the contents of the dentinal tubules. This drug may be used as absolute alcohol, but a more common form is "carbolic acid," which is really phenyl alcohol (C_6H_5OH).

Camphor and menthol are stearoptens which have a sedative action, and they are therefore often used together with alcohols to lessen the pain which is at first produced by the evaporation of these bodies.

The carbolic and menthol, as used in the conservation room, contains—

℞ Acidi Carbolici ... } aa partes æquales.
Aq. Menth. Pip. ... }

Personally, I have found that the following proportions make a useful mixture:—

℞ Cocaine Hydrochlor. ... gr. i.
Acidi Carbolici ... ... gr. i.
Aq. Menth. Pip. ... } aa to ʒj.
Alcohol 90 per cent. }

The cocaine present in this prescription is of use in places where an exposure of the pulp is almost present, and it also appears to act in "rapid caries," such as are found in the carious six year old molars of children.

c. To use this preparation some of the liquid is absorbed by cotton wool, and the cavity wiped out with this, the excess of the liquid is then removed with a dry piece of cotton wool and the remainder evaporated with hot air

b ii. Oil of cloves and cinnamon are "aromatic volatile oils," they are powerful stimulants to the nerves, and produce anæsthesia by over-stimulation of the sensory nerve endings.

c ii. They may be used in the cavities in the manner already described for alcohols.

Eugenol is the active principle of clove and cinnamon oils, it is sometimes mixed into a paste with zinc oxide, and placed in cavities over very sensitive dentine, and left in this manner for two or three days, when the sensitiveness of the dentine is often quite overcome.

Iodoform also has a sedative action on dentine, though this is not very marked.

Hot air, by itself, helps to destroy the sensitiveness of dentine, heat destroying the irritability of the protoplasmic contents of the tubules. It must be remembered that sharp instruments are the essential thing in dealing with sensitive dentine; if a blunt instrument is used, no amount of sedative drugs will prevent discomfort to the patient.

2. *a*. Local anæsthesia for excision of the pulp is brought about by the use of cocaine hydrochloride.

b. The action of cocaine will be discussed later.

c. The method usually adopted is to obtain, if possible, an actual exposure of the pulp; if this is not present, it is necessary to obtain one with the aid of a sharp, small, spear-head drill.

A $\frac{1}{16}$ to $\frac{1}{8}$ gr. of cocaine is taken and dissolved in two or three drops of carbolic acid. This is then absorbed by a tiny pellet of amadou about the size of a pin's head. Carbolic is the best solvent to use, since it is also antiseptic. The pellet of amadou, saturated with a solution of cocaine hydrochloride in carbolic, is then placed on the exposure, if possible, in actual contact with the pulp. Over this is placed a pad of unvulcanised rubber, and pressure, gradually increased, is brought to bear by means of a large-headed burnisher, which, with the rubber, acts as a piston, pumping the cocaine into the pulp chamber; in a few seconds anæsthesia is produced, and the pulp may be removed, after-hæmorrhage being controlled by plugging the canal with adrenalin chloride (1 in 1000).

d. There is not much fear of the toxic effects of cocaine in this case, since absorption by the apical foramen is very small. The presence of pulp stones usually makes it impossible to obtain anæsthesia in this way. Some observers state that it is useless to attempt to use pressure anæsthesia in cases where the application of arsenic has previously been attempted. It is also stated that pressure anæsthesia is contra-indicated where the pulp is hyperæmic.

3. *a*. When anæsthesia is required for such purposes as extraction of the teeth, etc., two drugs are commonly used, ethyl chloride, or cocaine and its derivatives.

b. i. The action of ethyl chloride depends on the fact that when a nerve fibre is cooled to below 0° C., its physiological continuity is destroyed, and the part supplied by the nerve is, therefore, cut off from the

higher nerve centres. This result is produced by the rapid evaporation of the ethyl chloride.

c. i. Ethyl chloride, used in this way, is sprayed on the gum in a manner probably familiar to you all.

It is desirable to place a napkin to as far as possible protect the other portions of the gums and tongue. This napkin usually absorbs a certain amount of ethyl chloride, and this being in turn inhaled by the patient, frequently produces a certain degree of general anæsthesia, which probably has a large share in whatever beneficial effects are obtained from this substance.

d. i. Two serious objections to its use are as follows:—

1st. The cold does not penetrate deeply, therefore the anæsthesia is apt to be very superficial.

2nd. If the vital condition of the gum tissues has been already lowered by such a condition as inflammation, the intense cold, amounting really to freezing, may kill the cells altogether, and sloughing follows.

This form of anæsthesia is therefore not much to be commended.

a. ii. Both cocaine and eucaine are alkaloids. Alkaloids are precipitated by alkalis, hence syringes, etc., must not be sterilised in the sodium carbonate solutions usually used in sterilizers.—(*B.M.J.*, 24, xii., '04.)

As to the solution to be employed, there seems to be a great deal of dispute.

Many people seem to have been in the habit of using cocaine in such forms as alvatunder, and similar proprietary preparations. These, they say, give good results, and many men claim to have seen no ill-effects from their use.

This appears to result from the fact that only certain people are susceptible to cocaine poisoning; on others it has scarcely any effects, but at the same time, when cocaine poisoning does occur, its results (as will be described later) may be so serious that for a man in general practice such a misfortune might be a serious blow.

β.–Eucaine has been proved, both in actual practice and by experiment, to be much less toxic a drug than cocaine; as to this all writers are agreed.

It is, however, objected to by many people on the ground that its action is slower. This admittedly is true, but since scientific facts show it to be much the safer drug to use, it remains for practical men to utilise these facts in such a way as to minimise the disadvantages as much as possible.

β.–Eucaine, then, is the most suitable base; the hydrochloride is the acid radical generally in use. In Germany a lactate of eucaine has been used, because it is more soluble, but since a chloride is the normal fluid of the body, a chloride of eucaine seems the most rational thing. In France "stovaine" has been exploited; it is a proprietary preparation, and is almost certainly a derivative of cocaine, which does not appear to have any special advantages over the other drugs, so that I will say no more about it. It seems, then, that β.–eucaine hydrochloride is the most suitable form for hypodermic injection. As to the strength and composition of the fluid—

The first thing to be considered is what result we wish to obtain. The pain in a tooth extraction is caused in three ways:—

1st. By the piercing of the gum. The injection of an $\frac{1}{8}$ gr. of either cocaine or eucaine readily overcomes this.

2nd. By the bending of the alveolus in the removal of the tooth, pressure is caused on the nerve-endings in the periodontal membrane and in the bone itself. This is the worst pain of all.

3rd. By the severing of the nerves at the apical foramen.

In either of these last two cases the drug, if it is to act on the nerve-endings, must pass through certain membranes, *e.g.*, the periosteum or the periodontal membrane.

A fluid passes through a membrane by osmosis, and the rate at which diffusion proceeds depends on the number of ions in the solution, and this again on its strength; the weaker the solution the greater the number of ions present (Halliburton, p. 321).

At the same time, enough of the drug must be in solution to anæsthetise the nerve-endings when it gets to them, but too much fluid must not be injected lest great swelling be produced.

What, then, is required, is to find a fluid which will answer these requirements and prove successful in practice.

In finding this, Dr. Hertz, Mr. Hedley Visick and Mr. Spain have kindly helped me in certain experiments which seem to show that the following is a suitable solution:—

℞ β.–Eucaine Hydrochloride	gr. x.
Sodii Chloride	gr. v.
Adrenalin Chlor. Sol. (1–1000) ...	♏x.
Aqua Destil	℥j.

If cocaine is used, a 2 per cent. solution has been recommended; of this 25 ♏. is the maximum dose.

The anæsthetic properties of cocaine are due to its direct action on the nerve-endings, its toxic properties to the fact that it is carried by the blood to the higher nerve centres on which it acts. Hence the adrenalin in the solution not only helps to control after-hæmorrhage, but by causing the muscular coats of the arteries to contract, helps to prevent the cocaine or eucaine being carried into the general circulation, and so to the brain. Cocaine retained in the tissues for half-an-hour becomes oxidised, and is innocuous.—(Chusny, p. 310.)

As already stated, anæsthesia from cocaine is obtained more quickly, but that from eucaine lasts longer. Cocaine solutions, if kept, rapidly become decomposed. They must not be boiled, since this also results in their decomposition.

Eucaine solutions keep well, especially if kept in the dark, and may be sterilised by boiling immediately before use.

b. ii. As to the action of cocaine and eucaine, both have a poisonous action on protoplasm of all sorts; in the gum and bone they act by paralysing the nerve-endings, and so produce anæsthesia of the part.

Cocaine has a direct action on the muscular coats of the arteries, causing them to contract. This action eucaine has not.—(Chusny, p. 314.)

c. ii. As to the manner in which the drug should be used, there are two methods; one is the application of the drug to the mucous surfaces which it is desired to anæsthetise, and the other is that of hypodermic injection, which is both more used and more useful.

As to the first method, I cannot do better than quote a case of Mr. Maggs, which was recently operated on here.

The patient was a woman, æt. 47. She was edentulous, and had hypertrophy of the gum.

This swelling was about one inch to one and a half inches in length, and about one-third of an inch in thickness. A ½ gr. of cocaine hydrochloride was taken and dissolved in 3 m of adrenalin chloride solution (1 in 1000); this was absorbed by means of a piece of amadou, and applied to the patient's gum; over the amadou was the corner of a napkin made into a roll, on this the patient was instructed to close her jaws, thus producing pressure; after the cocaine had been applied in this way for about seven minutes, the hypertrophied tissue was removed with a pair of scissors, with practically no pain.

If hypodermic injection is to be employed, the amount of fluid intended to be used is poured into a graduated test tube; if the solution already recommended is used, 25 m. represents a ½ gr. of β-eucaine, or 15 m. rather over ¼ gr., a quite sufficient quantity for one molar tooth. This may be boiled and then poured into a porcelain dish such as I show you here; after standing a minute to cool, it is then drawn into the syringe, after which the needle is screwed home, and the stylet withdrawn. The patient should now well rinse his mouth with an antiseptic, and the part of the gum to be injected should be well cleaned with lysol (2 per cent.) by the operator.

One finger is now placed on the gum and pressure applied; this results in two things—

1st. It produces a certain amount of anæsthesia by the pressure on the nerve-endings of the gum, which allows the point of the needle to be inserted with less marked a prick.

2nd. The pressure drives away from that part of the gum a certain amount of fluid; if the pressure be relieved simultaneously with the first injection, the injected fluid goes more readily into the gum, taking the place of the fluid previously displaced.

If one or two minims are injected in this way, the needle may be pushed gradually almost into the periosteum.

Four or five more minims may then be injected slowly, the gum being all the while gently massaged by the finger: this assists the fluid to diffuse. This process is then repeated on the other side of the tooth, about the same amount being used.

In injecting it is important not to allow any lateral movement of the needle, since this enlarges the opening and allows the fluid to escape back into the mouth. If it is desired to see whether the anæsthesia has spread sufficiently, a probe may be used to test the gum. I have seen men use their thumbnail for this purpose. Since it is almost impossible to keep the nails aseptic, this is a practice much to be condemned.

It must be remembered that hypodermic injection produces only local anæsthesia. The patient is fully conscious of all that goes on; hence the personal element is a large factor in a successful result, if the injection be done fairly slowly and the operator be a good one, with that confidence in himself which is essential to a successful surgeon, this feeling is communicated to the patient, and by calming his nervousness the subsequent extraction is much simplified.

d. ii. If cocaine gets into the blood stream and is carried to the higher centres, it may have a poisonous effect on these, which results in heart failure, and in bad cases, in asphyxia.

In heart failure, due to cocaine poisoning, the lips become cyanosed; this is often a good warning of an on-coming attack.

If this trouble occurs, the patient should be placed on his back, and a rapidly acting stimulant such as a teaspoonful of sal-volatile in half a tumbler of water, should be given; in bad cases ether may be injected hypodermically. In cases of asphyxia artificial respiration must be performed.

When the tissues are much inflamed local anæsthesia is contra-indicated.—(Hale White.) If the gum be very tough and fibrous, injection is not much good, since the fluid will not infiltrate.

In closing this paper I should like to express my indebtedness to the kindness of those many members, both of the staff and students in the Dental and Medical Schools, who have enlightened my ignorance and helped forward this paper in many ways.

Local anæsthesia is still in its infancy, and much observation and experiment is necessary.

If it is to be a safe and reliable method in our hands, it requires the combined attention and results of many workers.

If I have in any way interested you in this subject, I hope that some of the many practical and scientific gentlemen here this evening may bring their learning to bear on this matter, with a result which will bring new knowledge to our profession and new credit to Guy's Hospital Dental School, to which I esteem it the greatest honour of my life to belong.

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APPENDIX.

Drug.	Formula.	Molecular Weight.
Cocaine Hydrochloride ...	$C_{17}H_{21}NO_4HCl$ ...	339·5
β.–Eucaine „ ...	$C_{14}H_{21}NO_2HCl$ ...	271·5
β.–Eucaine Lactate ...	$C_{14}H_{21}NO_2C_3H_6O_3$	289

β.–Eucaine Hydrochloride has the smallest molecule.

NOTE.

Later experience shows that β–Eucaine is ppt. from the solution given in this paper, if it is kept for long. The use of a 1½ per cent. solution obviates this difficulty.

The formula for this solution is given below:—

℞ β.–Eucaine Hydrochloride ... gr. vii,
Sodii Chlor. ... ... gr. v.
Adrenalin Chlor. Sol. (1 in 1000) ... xm.
Aqua Destil ... ... ij.

I am now conducting further experiments, injecting alternately with the solution given above and a 4 per cent. solution, which must be made fresh for each case.

I hope from the results of a number of cases to determine which solution is of the greatest practical utility.

7th March, 1907. F. N. D.

Reviews.

The price of books submitted for review should in every case be stated.

A Manual of Bandaging. By C. Henri Leonard. Pp. 159. Sixth edition. (Baillière, Tindall & Cox.) 3s. 6d. net.

This work, by the Professor of Gynæcology in Michigan, has arrived at a sixth edition, though we are inclined to think that "reprint" would be a more correct term to use. The first edition was issued in 1876, and we doubt whether it has experienced much revision since then—a doubt which is perhaps fostered by the archaic form of expression occasionally used by the author. The book opens with a description of poultices, among which we notice bread-and-milk poultice, though we are told that "It is not a very commendable poultice, as from the heat, etc., of the inflamed part, the milk soon becomes rancid."

Elsewhere we read that a bandage is, "when inaptly applied, a source of great danger to his patient and chagrin to himself"—a statement which perhaps refers to the picture conjured up by the statement that "the punched holes in porous plaster would allow free exit for all discharges, should it be applied over a wounded surface."

The diagrams are fairly clear, but a number of useless and very complicated bandages are described, while very many are omitted. There is no description of a "St. Andrew's Cross," a "Many Tail," nor of the ordinary bandage used for an amputation stump.

Anæsthetics, their Uses and Administration. By Dudley W. Buxton, M.D. Pp. viii. and 415. Fourth edition. (H. K. Lewis.) 7s. 6d.

Almost every student feels that he must read some book on anæsthetics as soon as he is qualified; he is then almost entirely ignorant on the matter, and wants to obtain as rapidly as possible some information on the subject, which will tide him over till experience relieves him from the many initial qualms. To such readers we can heartily recommend this present work, which now comes to us in a fresh edition, and is full of valuable statements.

An interesting chapter is given on the history of anæsthetics, but we fail to see any notice of the discussion which agitated our medical grandfathers, some of whom considered that to administer anæsthetics to a woman in labour was contrary to the Divine precept that "in sorrow thou shalt bring forth children."

Dr. Buxton considers that the exact dosage method is the best for administering chloroform, and recommends the Vernon Harcourt inhaler. We should like to see a more definite pronouncement on the merits of ethyl chloride, and some mention of Dr. Hewitt's condemnation thereof. A good account is given of spinal anæsthesia, in which its limitations are fully stated, and the book closes with an excellent medico-legal chapter.

A Manual for Nurses on Abdominal Surgery. By Harold Burrows, F.R.C.S. Pp. 142. (The Scientific Press, Ltd.) 2s. 6d. net.

We have much pleasure in praising this manual, as we consider it ideal for the purpose which Mr. Burrows has in view. This book should give a nurse just that amount of knowledge which is necessary for her to render intelligent assistance to the surgeon for it tells her, in a few words, what he is doing and why he is doing it. While giving the chief signs of a serious abdominal condition, he warns a nurse that she should not wait for the appearance of these signs, but insist on a doctor being called in. Mr. Burrows has evidently been more often unfortunate with compresses than most surgeons, as he fears the blistering of the skin that occasionally results, and for the same reason forbids the use of a nailbrush to the patient's skin. An excellent work, which all surgical nurses should possess.

Sport.

Rugby Football.

INTER-HOSPITAL CHALLENGE CUP—FINAL TIE.

LONDON v. GUY'S.

In a very hard and determined match at Richmond on Thursday last, Guy's wrested the Cup from their old rivals, the extent of their victory being 7 points to 3. As a spectacle the match was disappointing to the ordinary observer—there was so much scrummaging. But to the jovial students nothing came amiss: they cheered and cheered again every good thing, and at the finish their enthusiasm for the winners was boundless. As already noted, the football was tremendously hard and keen—the teams stayed two "forties" without a breather—and the tackling was something to remember in its intensity of purpose, its relentless vigour.

For the first twenty minutes play was mostly in the Guy's half, but their defence held out valiantly. London repeatedly pressed, and once nearly scored from a penalty kick, Palmer just sending wide. Soon afterwards Lee contributed a sterling run—one of the finest of the match. He outmanœuvred the London centres, but was then splendidly tackled by Lindsay. Then from a "scrum" just outside the London "25" Monaghan and Jones handled swiftly, the latter sending Lee in with a good try, which Saunders could not convert. In the remaining fifteen minutes London again hotly assailed the Guy's lines. First Baines and then Vernon looked like getting across, but in each instance were just foiled. Thus at the interval Guy's led by 3 points to nil. Early in the second half London again established a footing in their rivals' "25," and after some loose scrummaging MacEwan slipped over, Palmer failing to convert. Resuming, London had several noteworthy attempts to improve their position. There was a strong run by Lloyd, who, after beating the quarters, was held by Duke. There was a capital attempt by Baines to drop a goal. Twelve minutes before the end a rush took the Guy's men into the London "25," and Jones securing a bad pass from the "scrum," dropped a neat goal. Subsequently Guy's played a winning game, but did not score again. The result therefore was: Guy's, one dropped goal and a try (7 points); London, one try (3 points). Teams:—

GUY'S.—H. L. Duke (back); L. B. Stringer, J. P. Jones, H. Lee and T. Saner (three-quarter backs); P. J. Monaghan and S. B. Pritchard (half-backs); S. McK. Saunders (capt.), W. G. Pinching, H. R. Mullins, H. Archer, W. E. Williams, A. Alcock, G. R. Hind and A. H. Crook (forwards).

LONDON.—E. C. Lindsay (back); A. C. Palmer, T. P. Lloyd, M. B. Baines and R. J. Vernon (three-quarter backs); I. S. Gabe and A. S. Heale (half-backs); H. G. Monteith, E. MacEwan, L. W. Sharp, S. R. Harrison, J. M. Mehaffey, H. Gibson, W. C. Hodges and W. D. Kennedy (forwards).

Association Football.

GUY'S v. H.A.C.

This match was played on the H.A.C. ground at Finsbury, on February 2nd. The ground was very hard, and the surface rough—two factors which militated greatly against good play, in fact, the game resolved itself into something of a farce. H.A.C., unfortunately, were two short. About ten minutes after the start Pedrick scored with a splendid, swift, low drive, a feat which he repeated shortly afterwards. The next goal was scored by Denning, and this was the extent of the scoring in the first half, during which Wood had about one kick only.

After the re-start Guy's again had most of the play, and scored on four occasions through Whiteley (2), Zorab and King. Just before the end their inside right ran through and scored, our defence offering little or no opposition. Wood was practically a spectator throughout the whole of the game. Team:—

GUY'S.—C. A. Wood (goal); H. R. Bastard and E. G. Robertson (backs); P. V. G. Pedrick, A. F. W. Denning and A. Zorab (half-backs); W. W. Cook, W. B. Boxall, W. F. Whiteley, R. M. King and E. B. Hinde (forwards).

GUY'S v. CLOVE.

Played on our opponents' ground at Walthamstow on February 9th. The ground was in an awful condition owing to a recent thaw, and it was absolutely impossible to get a foothold; however, the game afforded great amusement. When the ball dropped it would stick fast in the mud, and it had numerous lumps of mud adhering to it. For the greater part of the game there was a drizzling rain, also a fairly strong end-to-end breeze. Townrow having missed his train, we began one short, and for the first fifteen minutes Clove gave our defence plenty to do, their left wing being the more often dangerous. However, with a full team, and becoming more accustomed to the trying conditions, we gradually claimed more of the game, and after about twenty minutes' play, Witts scored from a very close range. Witts had hard lines on three or four occasions, but there was no more scoring before half-time.

Quite early in the second half King gave Greene a fine pass, and, after a good run, the latter scored with an excellent shot. The next goal was obtained by Witts with one of his characteristic shots. Witts was in great form, and was easily the best forward on the field, the manner in which he covered the ground and shot at goal being something great. Had it not been for a capital display of goal-keeping by the Clove custodian, he would have scored quite six goals, and deservedly so. Team:—

GUY'S.—C. A. Wood (goal); H. R. Bastard and E. G. Robertson (backs); P. V. G. Pedrick, A. F. W. Denning and V. Townrow (half-backs); W. W. Cook, C. Witts, E. B. Hinde, R. M. King and C. W. Greene (forwards).

GUY'S v. R.E.

This match was played at Chatham on the 16th. We arrived one short, but the R.E. provided us with a very good sub. This was Barnett's first appearance in our ranks this season, and we were very glad to have him back again. The ground is highly situated and very exposed, hence there was a strong wind blowing, making it a somewhat difficult matter to control a light ball. We had the wind in our favour during the first half. Barnett obtained our first goal after a quarter of an hour's play, putting through a centre of King's. The next goal was scored by the "Sub" from a pass by Barnett. Shortly afterwards King had rough luck with a shot which struck the inner side of the post and glanced out again. Bastard also nearly scored with a high, dropping shot, the goal-keeper conceding a corner, which Greene sent behind. There was no more scoring before half-time.

Soon after the re-start R.E. scored owing to our defence slackening. Then Zorab obtained another goal for us, and this was followed by another success for the R.E. This had the effect of making us "buck up," and we scored twice within a few minutes, through Barnett and "Sub." A very enjoyable game resulted in a victory for Guy's by 5–2. Team :—

Guy's.—C. A. Wood (goal); H. R. Bastard and E. G. Robertson (backs); P. V. G. Pedrick, A. F. W. Denning and A. Zorab (half-backs); R. M. King, C. Witts, "A Sub," E. Barnett and C. W. Greene (forwards).

GUY'S v. MIDDLESEX.

Inter-Hospital Association Cup-Tie.—2nd Round.

This cup-tie was decided on the St. Thomas's ground at Chiswick, on Tuesday, February 19th. Just before the game commenced, rain began to fall heavily, and continued throughout the whole of the game; moreover, there was a very strong cross wind which completely spoiled the game. There was a very fair attendance, but one failed to see any Guy's men—which fact seems somewhat inexplicable, seeing that Guy's were playing their junior "rugger" tie with St. Thomas's on the same ground. One did not expect to find any Guy's spectators watching the "soccer" match! For the first few minutes play was fairly even, but we gradually claimed more and more of the game. Middlesex were never really dangerous, although their left wing got the ball within shooting distance a few times during the first half. We were continually hovering around their goal, but the strong wind frequently spoiled likely efforts. After play had been in progress about twenty minutes, we were awarded a penalty owing to one of the Middlesex men handling within the penalty area. Whiteley was entrusted with the kick, but he failed to convert it. Shortly afterwards Witts came very near to scoring, but, unfortunately, the ball struck a defender in its flight, and was got away in a somewhat lucky manner. Then Barnett scored, but the goal was disallowed through off-side. Soon afterwards we had more ill-luck, a fine shot of Whiteley's striking the cross-bar, and going over. However, at last our efforts were rewarded, Bastard placing a free kick nicely, and Barnett heading through. This was all the scoring during the first half. Wood had very little to do, having a goal-kick occasionally.

In the second half we were better together, and Whiteley soon put us two up with a shot which the goal-keeper failed to hold—allowing it to slip through his hands and into the net. About mid-way in the second half, Witts scored our third goal from close range, giving the goal-keeper absolutely no chance. About this stage play became very uninteresting, the ball being continually out of play, partly on account of the wind, and partly because of some hard kicking by the Middlesex backs. About ten minutes before time, Whiteley obtained another goal from a pass by Barnett. A somewhat poor and straggling game ended in our favour by 4–0. Team :—

Guy's.—C. A. Wood (goal); H. R. Bastard and E. G. Robertson (backs); P. V. G. Pedrick, A. F. W. Denning and A. Zorab (half-backs); R. M. King, C. Witts, W. F. Whiteley, E. Barnett and C. W. Greene (forwards).

Remarks.—Of the forwards, Barnett and Whiteley were the best; Barnett worked very hard, and gave Whiteley and Greene some nice passes; again, Barnett always came back to help the defence. Whiteley was given off-side several times, sometimes rightly, but often wrongly. King was somewhat off colour, on account of an injured ankle. Denning was the busiest of the halves, although Zorab also worked hard, but Pedrick was somewhat inclined to take matters easily, although his wing never became actually dangerous. The backs were not particularly safe as regards kicking, but, of course, the ball was very greasy and very liable to shoot. The Middlesex pair worked hard and kicked well. Wood had very little to do in goal, and had not a difficult shot to negotiate during the whole of the game. As a whole the team gave a somewhat indifferent display.

GUY'S v. ST. BARTHOLOMEW'S.

Inter-Hospital Cup.—Semi-Final Round.

Result :—Guy's, 1; St. Bart.'s, 0.

This match was played on St. Thomas's ground at Chiswick, on Friday, March 1st, under ideal conditions, the ground being in excellent order. Pedrick lost the toss, and Whiteley kicked-off for Guy's, play remaining in mid-field for the first few minutes, till Bart.'s broke away on the left through Dale, who centred beautifully, but Wood made a good save; again, our opponents' left wing attacked strongly, but Pedrick cleared, passing to King on the right wing, who made a good run, but the ball went behind. Guy's now seemed to settle down more to their game, the halves and backs defending splendidly, and continually harassing the opposing forwards. Our forwards were working hard, but found the Bart.'s backs, especially Pennington on the left, very difficult to out-manœuvre. Barnett made repeated efforts to break through the defence, and gave Greene some capital passes, most of which he failed to take full

advantage of, being rather slow, though at times he was undoubtedly good. On the right wing, King's energy and resources were unlimited, and he continually got by his opposing half, but found Pennington a strong barrier; from one of his runs, however, thirty-five minutes from the start, he centred to Whiteley, who scored an easy goal. St. Bart.'s left wing was always working hard, but found Pedrick in his best form. Three corners were gained by our opponents during the remainder of the first half, and all were well taken, but Wood, in goal, punched out magnificently in every case. Guy's were now having the better of the game, and were smart on the ball, and half-time arrived with the score of 1–0 in our favour.

During the second half the team played up better still, the main feature being the splendid defence of our backs and halves, whose resources were taxed to the utmost on several occasions. The forwards missed three apparently easy chances to score, but the Bart.'s goal-keeper cleared well on many occasions. A penalty kick for hands was given against Guy's shortly before the end, and it seemed almost certain that Bart.'s would draw level, but Wood effected a marvellous save, and despite many strenuous efforts on the part of their opponents, Guy's maintained their lead of a goal to the finish.

The team, as a whole, played very well, but the most striking feature of the game was the defence of the goal-keeper, backs, and halves, all of whom played splendidly. Pedrick has never been seen to better advantage, and he continually broke up the attack of the forwards opposed to him on the left wing. Bastard at right back played finely, and Wood, in goal, made no mistakes, his effort in saving the penalty shot being wonderful. King, at outside-right, was a great success. Barnett and Whiteley played up very well, but one would like to see a little more dash and combination among the forwards. There was a goodly number of spectators, chiefly Bart.'s men, but there were more Guy's men than usually turn up to Cup-ties, and it is hoped that this means an increased interest in "Soccer," for which there is ample room. Team :—

GUY'S.—C. A. Wood (goal); H. R. Bastard and E. G. Robertson (backs); P. C. Pedrick (capt.), A. F. Denning and A. Zorab (half-backs); R. M. King, C. Witts, W. F. Whiteley, E. Barnett and C. W. Greene (forwards).

Hockey Club.

GUY'S v. ST. THOMAS'S.

SEMI-FINAL INTER-HOSPITAL COMPETITION.

Played at Richmond, on Friday, March 1st, 1907. Result: Guy's, 0; St. Thomas's, 0.

The weather and ground were perfect, but the hot sun caused the lack of condition of several of our forward to be painfully obvious. The game was very strenuous, fast and most interesting to watch, with the balance of play strongly in our favour, particularly in the second half, when we kept up more or less continuous pressure, but met with no luck. St. Thomas's had a very strong defence against which the forwards made the mistake of giving their passes, not only slowly, but with such obvious intention that they were frequently intercepted. This does not refer to Dryland, who played a very good game at centre, and who with a little luck would have scored more than once. Gibbons quite failed owing to lack of condition, and Ticehurst was only just recovering from a "throat." Dick is still weak in his centreing. The halves were good, Leckie (who was splendid) getting through an extraordinary amount of work. Clarke must hit harder when clearing. Archer was the better of the backs, but Duke played well save for a bad ten minutes at the beginning of the second half. They must remember to change places, however, when it is necessary for one to cross and help the other after the latter has been beaten. Of our opponents, Glannell and Sanky in defence, and Dawes in attack, were excellent. Dawes was too well marked to be dangerous, however—the marking was unfortunately literal on Archer's part. The re-play will take place at Richmond on Monday, March 11th.

"DECREPIT."

Appointments.

Civil.

BRODRICK, CHARLES CUMBERLAND, L.R.C.P., L.R.C.S., L.M. Edin., has been appointed Medical Officer for the Whitchurch and South Lydford District by the Tavistock (Devon) Board of Guardians.

CAWSTON, A. E., M.R.C.S., L.R.C.P. Lond., has been appointed District Medical Officer of the Wantage Union.

COLCLOUGH, W. FRANK, M.A., M.D. Cantab., D.P.H., has been appointed Honorary Medical Officer to the Victoria Cottage Hospital, Sidmouth, Devon.

EASTES, THOMAS, M.D. Lond., F.R.C.S. Eng., has been appointed Honorary Consulting Surgeon to the Victoria Hospital, Folkestone.

HICKS, CHARLES E., M.R.C.S., L.R.C.P. Lond., has been appointed Surgeon to the Hunts County Hospital, Huntingdon.

KYNASTON, A. E. F., M.R.C.S., L.R.C.P. Lond., has been appointed Assistant Medical Officer to the Bromley Asylum of the Poplar and Stepney Sick Asylum District.

PERN, H., M.R.C.S., L.R.C.P. Lond., has been appointed Medical Officer to the "Hope of Berringa" Lodge, I.O.O.F., Smythesdale, Victoria, Australia.

REES, MORGAN JAMES, M.D. Lond., L.R.C.P., M.R.C.S., D.P.H. Lond., has been appointed Medical Officer of Health of Aberdare.

Military.

1st Middlesex (Victoria and St. George's) Volunteer Corps: GEORGE CHAPMAN STEELE PERKINS, M.D., to be Surgeon-Lieutenant.

ED.—C. L. L.

GUY'S HOSPITAL GAZETTE.

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Passim.

THE Physiological Society is to be congratulated on the success of its first annual dinner. On Wednesday night the members of the Society met in the Reading Room, where this function took place. Dr. Pembrey, in his happiest mood, occupied the chair, and was ably supported by Dr. Spriggs, Mr. Turner, Mr. Thompson, Dr. Cameron and Dr. Hertz, the two other Vice-Presidents, Dr. Beddard and Dr. Forsyth, having been prevented from accepting the Society's invitation. The dinner—the first served under the new régime—reflected credit on caterer and cook alike, and was marked, moreover, by the introduction of a dish which was certainly new to the majority of those present. This was "frogs' legs," obtained, as the Secretary took care to inform the diners, from France specially for the occasion. The physiologist's unfailing, and perhaps unwilling, friend in the laboratory, the frog, showed on this occasion that it could serve a nobler purpose than responding—or failing to respond—to the coarse excitation so often administered to it by members of the Society in the seclusion of the laboratory. Perhaps on account of its novelty, or because of the associations it inevitably called to mind, the dish did not prove so popular as one would have expected. The physiologists played with it, attempted to find the sciatic nerve and to distinguish the gastrocnemii, but few of them had the temerity to try it heroically.

To a large extent the success of the dinner was due to the excellent musical programme provided, and to the brevity of the speeches. The toasts were all in capable hands, and each proposer contrived to introduce sufficient humour into his propositions to keep up the genial spirit in which the members had attacked the frogs. Mr. Turner was reminiscent, Dr. Spriggs historical, Dr. Hertz technical, and Mr. Thompson theological, each in a vein that was fully appreciated. Dr. Pembrey, who regretted that he had to catch an early train in order to be able "to count the children," managed to combine a little of everything in his reply, swerving from the surgery of the colon to the reduction in the birth-rate, from the Matron's rockery to the ethics of physiological research!

DINNERS such as these have their drawbacks, and these are not only the frogs that figure on the menu. Under the influence of what Omar, had he known of physiology in the sense the Society knows of it, would have called normá. saline, members are apt to imagine that the dining

stage is the true apotheosis of a scientific association. It is inevitable and excusable that at such gatherings the note of self-adulation should be the dominant. The Physiological Society has never degenerated into a mutual admiration class, and it has much on which to pride itself. Only recently, as the chairman reminded members, the London Hospital sent a deputation to inquire into the working of the Society, with a view of founding a similar association in the East End. Of our hospital societies, the Physiological is the most flourishing, the most vital, financially the soundest, and intellectually by no means behind any of its sister societies. It offers for the junior men what the Physical Society should afford to the seniors—the means of discussing difficulties and theories, of interchanging opinions, and of criticising statements, and of discussing, interchanging and criticising on terms of equality. As long as it retains its present spirit and keeps up its well-earned reputation, the Physiological Society will find that its annual dinners will be as successful as its first has been.

The Junior Guyites will assemble for their annual dinner on the second Thursday in May (9th) next, at the Restaurant Frascati, in Oxford Street. Dr. H. C. Newnham, of Bristol, the president of the club, will take the chair at half-past seven o'clock.

We are glad to be able to draw attention to the appeal, which appears in our correspondence column, on behalf of Frederick William Miller. In the last issue of the Gazette the facts of his case were very baldly enumerated, but it may be worth while once more to state them very briefly. Old Miller terminates his connection with the College through no fault of his own, except in so far as old age can be accounted a fault. His "services are no longer required," and he therefore leaves us after more than 20 years of work as a club servant. There may be some who regarded the "man with the wen" as he was familiarly referred to, as a sort of privileged retainer of the Club, and who considered that, with the exception of such minor duties as fixing the menus to the colonnade notice board or changing, very rarely, the towels in the lava tories, his position was practically a sinecure. It is true of late years his duties have not been onerous or hard, but he has a long record of labour in the interests of the College and Club. Now, at 76 years of age, and not in the best of health, he will find it extremely difficult, if not impossible, to obtain suitable employment.

His case is one which we cordially commend to present and past club members for consideration and—action. Messrs. Williams and Croucher have interested themselves in the matter, and have undertaken to put the matter before the Guy's public. The intention is to raise a small fund which can be suitably invested or otherwise made use of for the benefit of the old man. We are authorised to state that a former honorary secretary of the Students' Club has promised a substantial and encouraging donation towards the fund, and we feel assured that once the matter is brought to their notice, Guy's men will readily respond to the appeal. Contributions towards the fund may be sent either to Mr. Croucher at the Medical School Office, or to Mr. Williams at the Counting House.

To-night the Physical Society holds its last sessional meeting. The evening will be devoted to the reading and discussion of the Prize Essay on Pneumococcal Suppuration. Dr. Newton Pitt will take the chair at 8 o'clock, and the meeting will, as usual, be held in the Smoking Room. Before the reading of the Prize Essay, such other business as may be on the agenda paper will be considered, and we understand that an interesting suggestion is to be thrown out by the Secretaries. As it is the last meeting of the session, it is to be hoped that the members of the Society will turn up in force. The Prize Essay is sure to be an interesting paper, and, at any rate, the subject with which it deals is one which lends itself admirably to discussion.

We publish Dr. Wade's letter with reference to the late County Council elections with much pleasure, for it gives us the opportunity of drawing attention to the successful candidature of two Guy's men. When we referred to Dr. Fremantle's candidature, we had no knowledge

of the fact that another Guy's man was soliciting, in a different constituency, the votes of those of us who do not agree with Mr. Fremantle on points of municipal policy. Had we known of it, reference would certainly have been made to Dr. Salter's candidature. As it is, we are indebted to Dr. Wade for drawing attention to something that would have been overlooked in the discussion on the unfortunate heading of Mr. Fremantle's letter.

Dr. Wade is not the only correspondent who has written to point out that we might have headed the letter that aroused all this dissension in more felicitous terms, and in view of the post-cards which have made us sensible of the weight of editorial responsibility, a word of explanation may not be amiss. When correspondents head their letters and sign them, they, and not the editor, accept the responsibility for the interpretation that may be put upon such heading. We endeavour to print all letters as they are received, without erasure or alteration other than what the printer knows as "literals." That is the custom, with a few unfortunate exceptions, of most of our contemporaries, and it is one which we should not like to interfere with. There used to be, in old numbers of the Gazette, an announcement prefixed to the correspondence columns intimating that the editor declined to accept responsibility for the opinions voiced by correspondents. That notice has been dropped, because it seemed entirely unnecessary to make any such intimation. The present controversy, however, leads one to suspect that such a notice is not entirely useless, and to consider the advisability of re-adopting it.

Seriously, we no more identified ourselves with Mr. Fremantle's epithet for his opponents than the Superintendent identified himself with the various gangs who placarded the hospital walls with electioneering papers on the eve before the battle. The fact that the chair at Mr. Fremantle's meeting was taken by Dr. Pembrey, who, we believe, does not belong to the Moderate fold, and that the meeting was attended by many who were equally heretical in the eyes of Moderate orthodoxy, shows that Mr. Fremantle's candidature aroused attention, not because he belonged to his party, but simply because he was a Guy's man. To keen partizans, such as some of our correspondents have shown themselves to be, so great a degree of tolerance may seem nauseating, but there are imperial precedents for it. One English statesman, at least, forgot party obligations to vote for an opponent, "because he and I were in the same house at Eton." It speaks well for our solidarity that we can support a Guy's man, whether we agree with his politics or not, because we hold that no matter what his opinions are, as a personality he would be an acquisition to any administrative body.

Through the courtesy of Mr. R. E. Goolden, one of the Governors of St. Thomas's Hospital, we have been allowed to peruse an interesting pamphlet, written by an Old Guy's Man almost a hundred years ago, on an important medical question. Abstracts of the pamphlet are published elsewhere in this issue. We understand that it is Mr. Goolden's intention to present the original copy to the Wills Library.

The annual general meeting of the Students' Club was held on Wednesday, March 20th, at 4 p.m., in the Anatomical Theatre. Dr. Hale White occupied the chair, and there was a fair attendance of members. The business of the afternoon was the election of representatives, and the change of constitution of the catering committee. Dr. Hale White was unanimously elected President of the Club for the ensuing year.

The annual competition of the United Hospitals Boxing, Fencing, and Gymnastic Clubs will be held to-night at 7.30, at the Headquarters of the 20th Middlesex (Artists) R.V., Duke's Road, Euston Road, W.C. Tickets, price 5s., 2s. 6d. and 1s., may be obtained from Mr. R. G. Oram. The following are our entries for the competition:—Boxing: Messrs. Adams, Perkins, Barnett and King. Gymnastics: Messrs. Hunt and Bromley. Single-sticks: Messrs. Oram, Mills, and Luke. Foils: Mr. G. Haycraft.

Clinical Notes.

Some Appendix Cases.

Humanum est Errare.

He was a dear old man, nearly eighty. Been ruptured for several years.

"Hangs down like a bag all day, but gone in the morning unless I'd been coughing, off and on, all night, which I mostly does." So he would tell us.

Poor old chap sent for me one day because he had pain in his belly, and his rupture had been down for a week and was tender and hard. He had not been sick, and bowels had moved twelve hours previously. Pulse good, eighty. Temp. 98°. Tongue dirty, but moist. Abdomen distended all over, slightly more tender on right side, just above the hernia, than elsewhere. Tried to reduce his rupture; elicited encouraging gurglings, but nothing more. Diagnosis: Incarcerated scrotal hernia, causing some intestinal obstruction without strangulation. You see there was no vomiting, and pulse was decidedly good.

Ice and morphia, and a second attempt an hour or so later. No good. Packed him off to village hospital; got a pal to see him with me. Decided we might safely wait till morning. More ice and morphia. No sickness. Temp. following morning 100°. Pulse same as before. Reduction impossible. Decided to operate. Attempt to reduce under chloroform having failed, the neck of the sac was rapidly exposed, and opened. The gut was bright red and adherent in places to sac, but was easily peeled off.

There was no sign of strangulation. We congratulated ourselves on our diagnosis, and proceeded to return the bowel into the abdomen. There was a widely gaping ring, not requiring enlargement. To our horror, whilst doing this, there was a sudden rush of foul pus all over our beautiful aseptic wound. Another appendix gone wrong. What to do? Old man pretty bad; pulse not up to much. A counter-opening in a more legitimate position for such an abscess. A flushing out. Bowel returned, but alas! into an abscess cavity. Neck of sac closed, drainage tubes in each wound. Off the table alive, and a sigh of relief. Then remorse and moralisings.

Let us be thankful he was old, and his life of little value. If he had been young, beloved and useful, it would have hurt badly for a week, and lurked amongst our memories for years. Yet what more could have been done? Well—a correct diagnosis could have been made if one had avoided jumping to conclusions. Then the abscess would have been cleaned out first, and the hernia dealt with subsequently, and that might have saved him.

All necessary data were present, and known, but the very obvious hernia blinded us to the possibility of a double pathology. Many things should have made us investigate further. For instance, there was "gurgling" and slight "impulse." These were not really compatible with either obstruction or strangulation. Then there was tenderness above the hernia; this we noticed, but ascribed it to the generally distended condition, or to some sympathetic relation with the hernia.

Again, on the morning of the operation the temperature had risen to 100°. This was not to be expected with any kind of hernia, but we passed it over with the remark that possibly his chronic bronchitis had something to do with it. So easy is it to be wise after the event. Twenty hours after the operation he passed a copious motion; but his pulse fell, and his temperature went down below normal, and he died sixteen hours later.

Moral.—Beware of deductive reasoning. Do not make your diagnosis first, however obvious it may appear, and then force the lesser signs and symptoms to fit in. But first collect all available facts, pure, simple and unexplained, and having collated them, diagnose.

One stroke of luck we had. The pus arrived during the operation. Suppose it had not shown itself till two or three days later, each one of us would have mistrusted the other's asepsis for evermore, and that would have been a pity.

"SAPIENTIOR."

A Case of Appendicitis.

The following notes, written from memory, of a case of appendicitis with abscess formation, which I have lately had under my care, may be of interest to your readers, as there were a few unusual features noticed during the progress of the disease.

A girl, aged fifteen years, came into the village from a farm eight hours away (forty-eight miles). During the cart journey she was seized with severe abdominal pain, which passed off. The pain was accompanied by vomiting. I saw her the second day after her arrival in the village. She was then complaining of abdominal pain of a colicky nature. Her temperature was 100° F., pulse 80°. The abdomen was full, but not particularly tender. I made a preliminary diagnosis of loaded colon, and query ulcer of the stomach, as there was tenderness on pressure below the sternum, and the pain seemed to be specially marked at that spot.

She had vomited once on the first attack of pain while travelling to the village, but not since. I ordered rest in bed, light diet, mainly milk, and gave a febrifuge and calomel 5 grs. The next day, as the bowels had not acted, I inserted a glycerine enule into the rectum. As this had no effect, I made a rectal examination and noticed a swelling in Douglas' pouch which was not particularly tender to the touch. The enule, partially dissolved, was lying in the rectum below the swelling. I was rather puzzled as to the cause of the swelling, and thought it due to pelvic inflammation. I then gave her two tablespoonsful of castor oil, which caused a free action of the bowels in the evening. For some days her condition remained stationary, the lower half of her abdomen began to swell and became tender, but the tenderness was more marked on the left side than the right. In a day or two, however, the right side presented a definite hard swelling in the usual position

for appendicitis. The diagnosis was now clear, but as the pulse remained below 100, and the temperature never rose higher than 102° F., I did not consider an abscess had formed. Poultices were applied, and the swelling gradually diminished. The pulse and temperature became normal. I concluded, therefore, that the inflammation was subsiding. I allowed the patient up one day as she appeared to be convalescing, and in the evening was laughing heartily. The day following the pain returned and she was back in bed. The pulse was now rather more rapid than at first, but the temperature normal in the evening and 100° F. to 101° F. in the morning. I now suspected a collection of pus, and held a consultation with my confrére, who also thought pus was present in the abdomen. I did not, however, see sufficient indications of its presence in the iliac fossa to justify my opening the abdomen. I made a rectal examination, and found the swelling previously noticed in Douglas' pouch very tender to the touch. A trocar and cannula at once revealed the presence of pus, and I operated forthwith and opened a large abscess per rectum. About three-quarters of a pint of foul-smelling pus came away. My confrére advised me to wash out the cavity, which I did. Contrary to my expectations, the temperature did not fall after the operation, and on the evening of the day following it reached 104° F. and the pulse 120. I thought then that there must be a collection of pus in the iliac fossa shut off from the pelvic abscess cavity, and I therefore inserted the trocar and cannula into the iliac fossa, and on withdrawing found it stained with pus, but no pus flowed through the cannula. I made arrangements for operating the following morning, but finding no increase in the swelling, and the patient's condition better, decided to postpone the second operation. The patient gradually improved, and three days after opening the abscess per rectum her temperature was normal and pulse 70.

I think the following lessons may be learnt from this case:—

1. In pelvic inflammation, never omit a rectal examination, and more than one if necessary.

2. A pelvic abscess may be present without giving rise to severe constitutional signs.

3. Vomiting is mentioned in text-books as one of the prominent symptoms of appendicitis; in this case, except at the commencement of the illness, it was absent.

4. In abdominal troubles local signs are often of more importance than general symptoms.

5. I am of opinion that the washing out of the abscess cavity dispersed some of the septic material into the general circulation and caused the rise of temperature to 104° F. on the evening of the day following the operation; probably packing with gauze would have been better treatment.

WM. A. CARDEN, M.R.C.S., L.R.C.P.

Fraserburg, Cape Colony,

February 15th, 1907.

Is this a Chill on the Appendix?

A. B., a somewhat emaciated specimen of a man, past middle age, suffering from neurasthenic gastric dilatation, or perhaps from an old duodenal ulcer with subsequent dilatation, malnutrition and neurasthenia, was in his usual health on Saturday, January 12th. On Sunday the 13th he went out early and had to wait some time in a cold house without food, getting thoroughly chilled. All the morning he felt miserably cold. In the afternoon a generally diffused persistent dull toothache-like abdominal pain came on, with headache and rise of temperature. The pain continued all night. In the morning of the 14th the patient nearly fainted whilst shaving, and had to go back to bed, but after a breakfast of bread and milk he was able to go out and do some work. Early in the afternoon he was obliged to give up and go back to bed, suffering from general malaise, persistent abdominal pain with nausea, tenderness in the region of the appendix, with difficulty (reflex) in starting micturition, and limitation of movements of the right thigh in flexion and extension. During the evening the temperature went down, and the pain became intermittent. During the next day the abdominal symptoms cleared off with the passage of one or two loose motions freely mixed with blood-stained mucus, leaving a little tenderness over the appendix, but the ordinary symptoms of a general chill developed, including catarrh of both middle ears and all the accessory nasal cavities. This attack was a more severe repetition of one which occurred two months before.

The antiquated family physician considered the case one of general "chill" in a patient with feeble abdominal resistance, the appendix being involved in the general intestinal catarrh. The up-to-date consultant told him he had been attacked by a certain organism with a modern German name. Perhaps they both mean the same thing. What do the GUY'S HOSPITAL GAZETTE readers think? W. F. C.

Toronto, February, 1907.

Change of Address.

Mr. Frederick Constant, from 15, Queen Street, Cheapside, E.C., to 33, Cavendish Square, W.

Dr. E. C. Lowe, from Guy's Hospital, S.E., to the Homœopathic Hospital, Great Ormond Street, W.C.

Dr. B. G. Neale, from Brook House, Uffculme, Devon, to the Rookery, Tickenham, near Nailsea, Somerset (after 30th inst.).

Dr. F. W. Morton Palmer, from Guy's Hospital, S.E., to 2, The Crescent, Teignmouth, S. Devon.

Dr. Morgan J. Rees, from the Brook Hospital, Shooters Hill, to Aberdare, Glamorganshire (after 31st inst.).

(The Editor will be very glad to receive a postcard with notes of any change of address.)

An Old Pamphlet.

"Pamphlets—who the devil cares for pamphlets?" With all respect to the shade of the famous "Mat" Lewis (whom, by the way, Mr. Street resurrects in so charmingly reminiscent a fashion in a recent number of the *Monthly Review*), many of us care a great deal for pamphlets. Even a Government "White Paper" proves interesting at times, and in the list of the world's literary treasures, how many are there in pamphlet form? The Codex Sinaiticus is but a bulky pamphlet—the stone of Rosetta but a brochure on dolorite sandstone. It is because they are the despised and rejected of men that pamphlets prove attractive to those who possess—as we take it every man who delights in reading possesses—a grain of the antagonism to commonplace things that sufficed to make heroes of the world's greatest heretics. Here's my pamphlet, it may be as valuable as Thackeray's essay on the death of Napoleon, which book-lovers talk of with bated breath, speculating how much it would fetch in the open market if by any chance a copy diapedesed through the close walls of the Shelley-Thackeray rings into the sale room at Christies'; it may be the latest edition of that alarmingly popular literary impertinence, the "Bloodless Phlebotomist." But whether it be bunkum or real gold, bort or true diamond, it has an interest and a fascination which do not belong to the bound book.

To Guy's men, something of this charm must inevitably appeal when they come across a pamphlet written by an old Guy's man. There are not many such, and even those that exist the majority of us pass by unheeding, because we know them not. For our own part we confess, for instance, that we should never have felt any great inclination to peruse the "Second Report on the Berks and Bucks Vaccine Institution," had we met with it in the penny box. Such barefaced alliterative appeals repel instead of attract. But once the fact is grasped that an old Guy's man was responsible for the production, and wrote it at a time which is not without its special interest in the history of British medicine, its importance at once increases, and this yellow paper-covered little thing becomes an object of veneration which we are sure it was never in its pristine youth to anyone but the author or his immediate circle of intimates.

A word about him. Robert Goolden was a student of Guy's Hospital, who received his training in the combined medical schools of Guy's and St. Thomas', qualifying in the early part of the last century by passing his examinations and becoming a member of the Royal College of Physicians. He was a member of the Physical Society, and, apparently, a contemporary of Cooper, and the older leading lights of the two institutions. On entering private practice he became a member of the Medical and Chirurgical Society of London, but does not seem to have taken any active part in its proceedings, as no papers of his are extant. He was also elected a fellow of the Linnæan Society, and became Superintendent-Director of the Berks and Bucks Vaccine Institution.

The pamphlet is entitled—

"A Report of the present state of Vaccination within the South Bucks and Berks district.—Observations on the spurious vesicle. Advantages of Vaccination generally considered."

It proceeds to state that "reports being current . . . of numerous failures in the efficacy of vaccination, it becomes advisable that a report of the present state of the practice within the district should be forthwith made with a view, at the same time, to illustrate many of the cases which have occurred without this district. Within the district it may be sufficient to state the gratifying and decisive fact that not a single instance of failure has occurred within the writer's practice (by no means a limited one) during the last three years. . . No instance of death from small pox after vaccination has reached our knowledge, and the small pox, invariably, has been so altered in its character by previous vaccination, as to deprive it of the greater part of its malignity, and place it on a level with the chicken pox, and other eruptive disorders, which, from their mildness, are generally suffered to pass almost unnoticed. . . Vaccination has now been practised nearly twenty years (Dr. Jenner's first treatise on the Variolæ Vaccinæ was published in the month of June, 1798, and the journals and periodical publications of the day strongly mark the universal attention which was directed to this highly important enquiry), and the attention, not only of the medical part of the community, but of the public at large, has constantly been fixed upon it. . . The writer of these pages has only to offer facts in exemplification of the theory of vaccination as already understood; to state them in such a manner as appears to him best calculated to forward the benevolent views of the Vaccine Establishment in this neighbourhood, which are simply to recommend

and to encourage the practice of vaccination as a security against small pox."

Following up this laudable intention, he proceeds to give details relevant to his subject, explaining the failures, and drawing attention to the successes of the Jenner method. "The most striking case" (of failure) he remarks, "is that which occurred in the family of Mr. Thomas Webb, of Bray, wherein five children were vaccinated in the year 1805, and on the presumption of their safety they were exposed, after a lapse of six years, to contagion, and received the small pox, which ran through the whole family; on investigating this case it appears that they were inoculated with matter taken at too late a period, producing symptoms somewhat resembling those of cow pox, but not answering the purpose intended, and sufficiently marked in their characters to distinguish it from the genuine disease. Considering the very early period at which this inoculation was made, its failure may be fairly attributed to the vaccinator's not being informed of the laws of the disease, for it should ever be borne in mind, as one of the most important considerations, that the lymph, or matter, is required to be taken as early as the eighth day from its insertion, and before it has lost its limpid, or watery, character; if it remains in the vesicle longer than that period it acquires the appearance of (and, in fact, becomes) matter such as is produced by a wound or fester of any kind, and entirely loses its transparency, and if used in this state a very different disease is produced, attended with much greater inflammation, accompanied with fever, and occasioning, altogether, a degree of inconvenience unknown to the true vaccine vesicle." So much for the failure. As an instance of success he reports the following case.

> "In the year 1806, two daughters of Henry Hopkins, then residing at Fifield, in the parish of Bray, were vaccinated; the eldest (*sic*) was inoculated early in the morning from a perfect vesicle, but it happening that the youngest (*sic*) was away from home at the time, her inoculation was deferred until the evening of the same day, when matter was again taken from the same vesicle, after a lapse of fourteen hours. The inoculation in both cases took effect, with this difference, the last inoculated was the first which showed the usual appearance of inflammation at the puncture. On the eighth day, when the first inoculated was a mere transparent vesicle, the other appeared to have much the start of it, and on the ninth day was inflam'd and swoln from the shoulder to the elbow, attended with a painful swelling in the arm-pit, and a fever which confined her to her bed three or four days. Her sister was scarcely conscious of inconvenience; a slight inflammation soon took place around the vesicle, and as soon subsided, and unconscious of any actual indisposition, the crust or scab separated from the arm where the puncture was made, and the vesicle formed about the eighteenth day, and there it ended. Thus, although the inoculation was made on the same day, from the same patient, and in two members of the same family, a very manifest difference in the progress under precisely the same treatment was observed, so much so as to lead to the conclusion that in the eldest (*sic*) daughter the disease could not be effective, *because the symptoms were so mild*, while on the other hand, the more violent inflammation and fever, with other formidable symptoms, in the youngest (*sic*) daughter, led to a conclusion that she was safe. The reverse was the case; when exposed to contagion a few days afterwards, the youngest (*sic*) daughter caught the disease and was seriously ill with it; the sister who had undergone vaccination in its true characters, nursed and attended her during the whole of her illness, breathed the same air with her, and exposed herself in every possible way to the infection—and escaped it. This is a striking exemplification of the truth that vaccination duly performed is a security against the small pox."

The seeming anomaly in the case he has cited, Dr. Goolden explains on the assumption that the lymph in the vesicle undergoes a morbid change which deprives it "of its peculiar properties, by which it is rendered an antidote against the disease." He goes into some detail as to these changes, associating them with pus formation, but leaves the subject without throwing much more light upon it than Jenner had done.

The pamphlet is an interesting one, for it shows that its author thought for himself, experimented, and tabled his data before forming abstract conclusions. As a contribution to the study of vaccination and small pox it is perhaps trifling, but when we consider at how early a date it was written, and how much opposition the theories enunciated in it might have been expected to call forth from his brother

practitioners, we can at least give the Superintendent Director of the Bucks and Berks Vaccine Institution credit for having done his share to throw some light on a very disputable and vexatious question.

Dental News.

The following case recently attended at the Dental Department:—Patient, a boy, æt. 10 years, came to Dental Department with an abscess pointing in middle line under chin.

Previous History.—Patient noticed the swelling under his chin fourteen months before coming to this hospital. The swelling progressed rapidly, and a doctor was consulted. There was no history of a blow in this region. Doctor ordered patient to poultice chin, which was done every night for four weeks, great pain being experienced meantime. At the end of four weeks an abscess pointed under the chin, and relief was felt, but the abscess continued to discharge regularly about once a week. No pain was now felt, except when the scab, formed on chin, was touched. Doctor suspected at first that there was some necrosis of bone going on, but as no bone came away, he suspected the teeth, and advised the patient to come to Guy's.

On admission to Dental Department, the lower teeth of the patient were examined, and were found to be apparently quite normal, but on testing with a hot burnisher $\frac{21}{}$ were found to be dead. These teeth were opened up through the cingulum, and hydrogen peroxide (20 vols.) was pumped through the apices of the teeth by means of a small bulb syringe, the canals having been previously purified; the H_2O_2 could be made to pass quite easily through the abscess tract and trickled out under the chin, mixed with pus. The H_2O_2 was pumped through till it was quite clear on emerging under the chin; the roots were then dressed with an antiseptic dressing and sealed up. The patient was seen again at the end of a month, and the abscess had not come to a head again, and there had been no trouble; the roots were then filled. Patient was seen again two months after first admittance, and there was no sign of recurrence of trouble, and the external opening had quite healed.

This case emphasises the important point that when pus formation is suspected in the jaw, hot fomentations should *not* be applied *externally*, or else the abscess is almost certain to make an external opening. In cases where there is an abscess formed in the jaw, the patient should be directed to use a hot mouth bath, either of hot water or some antiseptic; the pus will then tend to evacuate internally and thus prevent disfiguration. This point cannot be too much emphasised, as cases are seen almost daily at Out-Patients in which the patient has experienced pain in a tooth and has at once poulticed the face externally, with the result that the pus has been drawn through to the surface, causing great pain and disfigurement.

Guy's Hospital Musical Society.

The Musical Society gave their concert in the Court Room, on Tuesday, March 19th, and, considering all things, it may be accounted a very creditable performance. The recent outbreak of measles, and the prevalent sore throat, have been responsible for many disappointments and alterations in the programme. It also certainly was an unfortunate thing that the Oxford and Cambridge dinner should have been fixed for the same night, as not only did that diminish the chorus, but probably accounted in part for the small audience.

The programme was opened by an old and well-tried friend, in the shape of "The War March of the Priests," this time in the guise of a pianoforte duet. The chorale, "Sleepers, wake," was not at all well sung; the leads were ragged, and the sustained notes left much to be desired in the way of equality of tone. In the next item, the 42nd Psalm, these faults were, to a great extent, remedied, and towards the end the chorus seemed to sing with greater precision. In the unavoidable absence of Nurse Ward, the solo part was taken by Miss Strange, one of Mr. Taylor's pupils, who very kindly gave her services on short notice. The opening chorus of the 95th Psalm was next given, C. W. Greene singing the preceding solo. "O rest in the Lord," gracefully sung by Nurse Walsh, and a quartette, "Cast thy Burden," followed. A solo and chorus from "St. Paul," in which H. P. Warner took the leading part, went well; and the chorale, "To God on High," concluded the first half of the programme.

After a short interval the Students' Glee Club opened with "The Lord is a Man of War," which went with a rare spirit and swing. Nurse St. John followed with a charming rendering of "Entreat me not to leave thee," and a quartette, "O come hither," was next sung.

W. S. Kidd thoroughly delighted his audience by his sympathetic singing of "Confutatis Maledictis" (Verdi). He has a mellow bass, singularly well suited to his choice of music.

The anthem, "Just Judge of Heaven" (Garrett), solo by Nurse Walsh, was one of the best efforts of the evening. Soloist and chorus alike seemed to take the matter in a more joyous and responsive way than hitherto. "God Save the King" concluded the programme. Mr. Turle Lee very kindly gave his services at the harmonium, Nurse Murphy presided at the piano, and Mr. Henry Taylor conducted throughout with his customary indefatigable watchfulness and energy. The Society are certainly fortunate above many in their conductor.

Cancer of the Large Intestine and of the Appendix.

CLINICAL LECTURE BY Mr. GOLDING-BIRD.

Gentlemen,—I desire to bring to your notice to-day some cases of cancer of the large intestine, to illustrate not so much the usual as the unusual features of this disease. I assume that you are quite familiar with the clinical course run by the classic cases of cylindrical cancer, whether of colon, sigmoid or rectum. I shall add a few remarks upon primary cancer of the appendix.

Now and then, by a slip of the tongue, the term cylindroma gets applied to cancer of the bowel; indeed, years ago, the word was generally so employed, but in truth it was a term expressing a form of cerebral tumour, introduced by Billroth. In its place we should always now speak of cancer of the bowel, or of cylindrical cancer of the bowel, or even of adeno-carcinoma of the bowel, terms all expressive of its origin in imitation of Lieberkühn's follicles. The name cylindrical epithelioma of the bowel is bad: for it is in no sense an epithelioma; and since, as I will show you, its clinical behaviour can largely be explained by its intrinsic structure, to think of it as an epithelioma is at once to divorce many of the symptoms from their true origin.

The only true epithelioma of the large bowel that can exist is where malignant disease begins in the anal canal: and there, as in the lip or œsophagus, the flat epithelium forms the epithelioma you are all familiar with.

Were I to ask you the characteristics of an epithelioma and its prominent symptoms, you would doubtless reply, that it is an epithelial in- or down-growth into tissue where it should not be; that it thus forms more or less a tumour; and that ulceration is a common and often fatal accompaniment. Indeed, the idea of interference by its bulk, on the one hand, with living processes, and, on the other, its destruction of living tissue by ulceration, leading often to hæmorrhage, is what is uppermost in your minds; and rightly so. Not a word would you say of contractions, and consequent distortion; and again you would be right, for it is a purely epithelial growth, and it is this element that gives its clinical characters. But when we speak of a cancer (in a specific and not in a generic sense), whether, for example, of breast or bowel, another element has to be reckoned with.

Since cancer is classed among the malignant epithelial tumours, it is too often not appreciated that it is not pure epithelium, and that it contains a varying, but often a very large, amount of a mesoblastic structure, namely, fibrous tissue; and that this, rather than the epithelial element it contains, confers upon it the clinical peculiarities by which you recognise it. For instance, the stony hardness of a scirrhus, or the board-like hardness and cruel contraction of a mammary carapace cancer.

But almost, I think, this fibrotic character is better seen in cancer of the bowel. Some of you must have seen sections cut, at the autopsy, through a cylindrical cancer of the bowel, and you will also have noticed how puckered the bowel was laterally. When it has been laid open you are struck with its firm, whitish more external part, which contrasts strongly with the often small amount of epithelial growth toward the calibre of the gut. And, other things being equal, the older the growth the more of the fibrous change, and it is this fibrosis that confers marked characters upon individual cases. The tendency to this fibrotic change, or overgrowth, seems to be largely the explanation why in cases of cancer of, say, the upper rectum, when all irritation has been diverted by an inguinal colotomy, some patients not only very rapidly improve in health, but may live for many years.

Atrophy of a cancer of the breast is seen at times from overgrowth of its fibrous element, but, in my opinion, the occurrence of this change is quite as frequent in cancer of the bowel.

Specimens that I have here from the Museum, illustrate very well the three classes of cases in which, for my present purpose, I would divide cancer of the large bowel.

This first one is very striking; the external surface of the sigmoid looks like an old hour-glass, so constricted is it; it looks as though a band had been tied round the gut. The cut surface explains this, for there you see exactly what I described to you a few minutes ago, and so need not repeat. Now it is in this annular form of growth in which bowel constriction is the dominant symptom, and, as a rule, hæmorrhage from ulceration, unless quite late in the case, a subsidiary one. The obstruction is rather of the constricting type, but where, as in the upper rectum, efforts at defæcation act powerfully upon the bowel, the ring of growth may get protruded downwards, and a semi-invaginated condition be produced, that further narrows the bowel calibre, and gives to the examining finger

the topical relation of parts, much as is observed when feeling the cervix uteri per vaginam.

Such a case as this I have in my mind as I speak, in which, when at death's door from obstruction, I did colotomy over five years ago on a patient above fifty years of age. Already there had been attacks of hæmorrhage, and a mass seemed to the finger to fill the rectum. Yet now, owing to the cessation of irritation of the growth by fæces, and by the relief afforded to the mechanical disability then present by colotomy, the patient has practically lost all pelvic symptoms, and is about in society, so that only those in the professional secret of the case are aware of anything wrong. To this tendency to fibrosis may be attributed this check to the growth, almost amounting to a cure.

Then, at times, the disease takes a flattened form, with tendency to infiltrate through the thickness of the intestinal wall, and involvement of glands, but since it occupies only a limited area of the wall, it does not for a long time give rise to obstructive symptoms. The condition is rather indicated by the general symptoms of disturbed peristalsis, with diarrhœa, melœna, and perhaps sapræmia—all of which point to the surface changes by ulceration than to any contraction due to deep formation of fibrous tissue.

Lastly, a similar plaque to that above described may be felt sometimes in the rectum, strictly local and limited, and what is peculiar is its crateriform character; it appears to be, and is, so constricted at its circumference by contraction of its basal fibrous tissue, that whilst far from being pedunculated it might be almost considered of flat mushroom form. In this also the symptoms are not merely obstructive and due to the fibrous element of the disease; and it lends itself well to local removal. In this respect I will mention the case of a lady, sixty-seven years of age, who consulted me in May, 1903. The history was that for one year there had been a bloody discharge from the rectum, which looked as if there was some breach of surface, probably cancer at her age. She had had moderate constipation, which she thought nothing of, because she had been constipated for many years. But she always had the feeling—and this is very characteristic—that when she had been to the lavatory the bowel was not quite empty, even when she had taken a purge. So that the growth gave the sensation of a foreign body worrying the rectum in its most sensitive part. I could just get my finger above a mushroom-like growth; it was opposite the lower end of the sacrum. Although she was sixty-seven, I decided not to do a colotomy, but to see if I could remove it by taking away the coccyx, which can always be done with great safety, and gives room for much rectal surgery. Then from behind I deliberately cut the growth out, and sewed up the rectum. There was slight leakage of fæces from the wound a little time afterwards, but she perfectly recovered, and a few weeks ago I heard had remained quite well in every respect. Such a promising case for removal does not present itself very often, for it is the position as well as the form of the growth that makes or mars the surgeon's chances of success. If situated much higher than where this one was, the details of the operation are more severe, and more demand is made, both at the time and during convalescence, on the patient's strength—and these are usually people advanced in life: whilst of the second form that I have mentioned the chances are great of infiltration or of lymphatic complication that will baffle the surgeon's attempts at complete removal. Still they must not be shirked, though the opinion given in regard to them cannot be so hopeful.

Another point in connection with cylindrical cancer in the large bowel to which I would direct your attention is that of its malignancy. Being a cancer, it is certainly malignant, but generally it shows itself to be but slightly so as compared, say, with scirrhous disease of the breast.

Its malignancy would be shown by direct infiltration of parts lying in its neighbourhood: by lymphatic complications and by metastases to distant organs The least locally malignant are certainly those showing a markedly constricted base; whilst when this character is missing, adhesion to the parts beneath by infiltration must be carefully looked for in dealing with a growth within reach of examination per rectum, as the condition of the underlying parts may be such as to preclude all local operation.

Metastases are not very frequent, at least early, in these cases; yet, curiously enough, now and then the metastatic deposit is the first symptom of the intestinal disease.

There may be a growth so small that the patient does not know of its existence, and the first evidence may be that of metastasis of a malignant character. Such a case as that was at the College Examination the other day. A man was there, deeply jaundiced. The candidate said to him, "How long have you been jaundiced?" "Months." "Any better?" "No." "Getting worse?" "Yes." "Does anything hurt you anywhere?" "No; oh, yes, something seems to get me *there* sometimes"

(pointing to the right ninth costal cartilage). The patient was palpated there, and he flinched, and a sense of resistance was communicated. The examiner asked the candidate, "What do you make out?" "He has got cylindrical cancer of his rectum," was the prompt reply; and some of you may think it was a bold shot to say it was in the rectum, since there was no symptom pointing to it. I heard afterwards that a digital examination had been made at a hospital, and a growth had been discovered in the rectum. The candidate was asked, lastly, how he arrived at his diagnosis; his reply was quite to the point when he said that in cancer of the rectum, after the pelvic and lumbar glands, the most likely place for metastases would be the liver, perhaps, as in this case, involving the common duct; next after that the post-peritoneal glands about the aorta, and then the lung. And this is the order in which metastatic deposits are more commonly seen. You will note that it is these that may give the symptoms, the original focus of disease remaining perhaps unknown until the autopsy.

The law that governs metastasis is still unformulated; you will see over and over again large cancers of the bowel interfering with its action, and eventually causing death, with no metastases; and then again a case will appear is which, as I have said, in life it may not be possible to discover the original focus of disease; it is the metastasis that kills.

On the other hand, a most extensive development of cylindrical cancer may have taken place, and provided that by ulceration it does not cause hæmorrhage or sapræmia, or by constriction or bulk it does not cause obstruction, it is astonishing what a mass may form, and to what an extent it may reach before causing symptoms for which the patient will seek relief. An instance of this I will detail presently.

As compared with cancer of other parts of the large intestine, that of the rectum, as a general rule, runs the more rapid course, and this is ascribed to the better vascularity and more high organisation of this end of the bowel, as well as to the influences brought to bear upon it, as by voluntarily straining, whereby greater "irritation" is caused. Where colotomy, instead of removal of the growth, has to be performed for upper rectal cancer, eighteen to twenty-four months would be a good time to allow in forecasting the life chances; but as in the case I have quoted earlier in this lecture, this period may be extended for many years.

The methods by which cylindrical cancer of the large gut may kill are various. It may do so from and through its metastatic deposits in important organs, to which I have already referred; but in the abdomen itself—locally, so to speak—it has various and definite ways of destroying life. Naturally you would put obstruction as the most probable, and if left to itself the case is likely to succumb to this; but if not, or if palliative surgical methods are undertaken, there remain still sapræmia from septic absorption from the raw surface, and hæmorrhage. Peritonitis is also common, and the way it is induced can be explained by an observation years ago by Dr. Hilton Fagge. In obstruction of, for instance, the rectum or sigmoid, with great proximal gut distension, it was observed that the cæcum was especially distended, even to the extent of cracking its peritoneal coat, and this happening, *i.e.*, this lowering of the vitality of the gut wall, permits—as we should now put it—the passage of the *bacillus coli* into the serous cavity. There is yet another factor at work, and that is the holding back in the cæcum of fæcal matter causes stercoral ulcers, and through them, whether actually perforated or not, the bacillus makes its way into the peritoneum; but in either case the result is the same, viz., a fatal peritonitis that closes the scene.

In addition to the two cases already referred to, the one illustrating the unexpected prolongation of life in a severe case of rectal cancer, the other being an example of cure after removal of the rectal growth, I will read short notes of two or three more cases upon which largely my foregoing remarks have been founded; it would be easy to add to their number, but I only desire to draw your attention to the less commonly seen conditions that cancer of the large bowel may give rise to, offering you some remarks on the peculiarities they exhibit.

Eliza D., æt. 32, Charity Ward, July 14th, 1906, to August 10th, 1906.—A fresh, healthy-looking young woman, in no way cachectic, had been attending Surgical Out-patients, and now sent to the ward with diagnosis of tuberculous kidney; but it had been observed that the urine was non-purulent and free from blood. In January, 1906, patient began to have pain in the back, but especially on the left side; she was working hard at the time, but during that month circumstances enabled her to lessen her arduous duties, so she began to suffer less. All this year she has been troubled with constipation, frequent pain in the bowels, and has had to depend on purgatives; also she states that

the pain is worse at the monthly periods, that she has frequent pain in micturition, and that then less urine than usual is passed.

A month ago (June, 1906) she first noticed a swelling on the left side of the abdomen. An examination revealed a long sausage-shaped, mobile, firm, tender swelling in left hypochondrium and left lumbar regions, about six inches long, and appearing to lie close under the parietes; dull on percussion, and perfectly mobile to palpation or to the patient's own movements, falling, when the patient is turned to the right, to the right side of the mid-line. No gastric disturbance. No vomiting. Not losing flesh.

Segregation showed that the left kidney was secreting only half the amount of the right side; urea in both specimens was only ·02%. Provisionally the diagnosis of a hydronephretic moveable kidney was adopted, and an exploratory lumbar incision was made, only to find the kidney in every way normal. An anterior laparotomy was therefore performed, and it revealed the descending colon converted practically into a rigid tube by cylindrical cancer, its mesentery full of the growth, as also the glands of the mesentery of the small intestine, in two places in the wall of which were annular deposits of cancer. The peritoneum was dotted over with deposits, and there was a mass about the head of the pancreas. Nothing was felt in the liver. Nothing could be done to relieve such a condition, so the patient, after making an uninterrupted recovery from the operation, left the hospital in 21 days, much better for the rest and care.

The special points here are the patient's age, the total absence of anything like cachexia, the extent of disease, yet total absence of melæna; a frequent dysperistalsis and constipation, but no approach to obstruction, and the short history, viz., six months, of subjective symptoms and one month's history of actual tumour. The presence of a mass about the head of the pancreas, and the absence of interference with the common bile duct, are also noticeable.

In the following case, though the actual abdominal condition was much like that of the case just mentioned, the symptoms form a strong contrast with it.

Chas. B., æt. 33, in hospital, February to August, 1906. In February, 1905, he first began to have attacks of left abdominal pain, often followed by a discharge per anum of "blood and slime." He was much constipated, and gradually failed in health, but continued at work till Christmas, 1905, when, after lifting a heavy weight, he had great abdominal pain, and passed blood and mucus per anum. In February, 1906, he was in Addison, under Dr. Frederick Taylor, who diagnosed malignant disease of the large bowel, but its location was not fixed for three months, when a lump was felt on the left side of the abdomen, just below the ribs. Four months later (June, 1906) I saw him, very ill, cachectic, suffering severely, and able to take but very little food. At this time a sausage-shaped tender tumour could be felt occupying the position of the descending colon, and projecting also very markedly in the back. The case was now obviously one of cancer of the descending colon, but the patient declined operation, and left the hospital, only to return a month later, worse than when he left. I explored the abdomen on July 16th, and found the descending colon converted into a thick rigid cylinder by cancer, which fixed it to, and infiltrated the postero-lateral parietes and extended behind the peritoneum as a hard mass which involved the head of the pancreas. The general peritoneum and mesenteric glands were free. The disease also involved the sigmoid, so that I was only able to obtain three inches of sigmoid at the brim of the pelvis to which to anastomose the transverse colon. The patient was so very ill, and the position at the brim of the pelvis so cramped, that, contrary to my custom, I employed a Murphy's button to make the anastomosis. On the fourth day the bowels were first moved, and the patient lived but five weeks, the button being passed a few days before his death, which was due to exhaustion.

You will observe that both these cases were of the same age; and whilst young for cancer in a general way, you must remember that cylindrical cancer of the bowel is more likely to be in the young and in the old than at the middle period of life. Once out of childhood, I do not recollect to have seen a case under thirty years, though I know of one, a girl of twenty, so afflicted; but in the rectum it is seen now and then even in children. (I do not refer to the adenomatous polypus of the rectum.) I have seen it at ten years of age, and know of another as early as eight years. The early observation of Dr. Taylor as to the position of the growth renders it almost certain it must have started at the splenic flexure.

Contrast in this case (as compared with the other) the discharge of bloody mucus; it was absent in the first case, and we must attribute this to absence of ulceration to any extent; and this is further likely, since the woman had no cachexia or sapræmia from absorption, but

the man was markedly affected. The man attributing, on one occasion, his melæna to strain, is, in accordance with experience, a severe strain, as of lifting a weight, causing momentary venous congestion and hæmorrhage from any "weak" part. Though, again, in neither case was there obstruction, yet constipation in both was marked; and the cause is easy to discover, for with the large gut converted into a rigid tube the progressive peristaltic wave could no more be carried on than is the pulse wave in arteries subject to senile calcification, where, as you remember, the resulting malnutrition is likely to end in gangrene.

I might easily multiply cases, but I will mention but one more, and before doing so would remark how the four corners (if I may so call them) of the large gut are favourite seats of cancer, viz., the cæcum, hepatic flexure, splenic flexure, and sigmoid; and, most probably, in the cases I have just recorded, the disease did not begin in the middle of the descending colon, but at one or other of its extremities.

X., æt. 53—a case that, under the care of my friend Mr. Benjamin Rix, of Tunbridge Wells, I first saw in July, 1906—stated that ten months after being nearly suffocated at a fire in 1903, animation being restored by artificial means, he one day felt a desire to defæcate, but before he could reach the lavatory he fainted, and was so found, bathed in blood and fæcal discharge. Since then, and for nearly three years, he had constant "grumblings" in the belly, disorder of his regularity in defæcation, no absolute pain, and certainly never any more blood. In January, 1906, for the first time a lump was noticed at the hepatic flexure of the colon, but there were no different abdominal symptoms, no jaundice, and micturition was normal. When I saw him in July, 1906, he was extremely ill and cachectic, with yellowish dry skin, very emaciated, and in apparently a hopeless state. On palpation a long oval tumour, somewhat mobile, was felt, reaching from the tenth cartilage on the right side nearly to the iliac fossæ. Cylindrical cancer of the ascending colon was the only possible diagnosis, and with as little delay as possible—though it was an almost hopeless case—the end of the ileum was anastomosed to the transverse colon. At the operation we found the ascending colon a somewhat spindle-shaped, rigid tube of cancer, which infiltrated the abdominal wall behind. There was no other visible complication. He lived for a week, the bowels being once open, but he had not strength to pull through.

Here, again, the tube-like condition of the bowel was noticeable; but Mr. Rix's observations clearly demonstrated the origin in the hepatic flexure; the disease stopped short, in a marked degree, at the cæcum.

The infiltration of the abdominal walls does not preclude, in these cases, the removal of the disease, if the patient can bear it; and it might have been done in this case had he lived. I know of one similar but less severe case that is alive now, five years after operation, where, with the bowel, a portion of the infiltrated parietes was also removed. The attack of hæmorrhage three years before may well have come from the growth in its early stage, for cylindrical cancer of the gut, in respect of rate of growth, is often very mildly malignant.

All these three cases were too late for any hopeful surgery; and that does not argue want of care in previous advice; for it is just in these cases where the mechanical symptom of obstruction is never developed, that the disease slowly but surely pursues its course, only some side issue in the case, such as hæmorrhage, cachexia, etc., bringing it under serious notice. Nor is this to be regretted; for unless the removal of the growth were possible, it is not adding to the patient's comfort (though I cannot deny it might add to his longevity) were colotomy to be performed at an early stage; but many a patient would rather forego a few months of life, if these are only to be gained by the discomfort of an artificial anus.

I cannot leave the subject of cancer of the colon without reference to primary cancer of the appendix. You will find an admirable paper on the subject by Dr. Rolleston, in the Medical and Chirurgical Society's Reports for 1906, page 125. The cæcum is a common site of the disease, and then the appendix may become involved. But this organ may be the subject of primary cancer, and then it seems to be of two kinds. If of cylindrical character, it occurs in older patients, of about 50 years of age; but in the bulk of patients (and some 40 odd cases have been now carefully recorded and histologically examined) the growth is one of spheroidal cells contained in alveoli, in no way resembling Lieberkühn's follicles. The average age of these patients is 25 years, the extremes given, in the paper I have already quoted, being 12 and 37 years. Although, as I have said, the cylindrical form of cancer in the gut is, comparatively speaking, but mildly malignant, this spheroidal-celled disease of the appendix seems

almost benign, perhaps because of situation, the removal of the appendix, at any rate, being followed by permanent recovery.

All this, however, is rather of pathological interest; primary cancer of the appendix—at least, whilst confined to that organ—has never, as far as I can discover, ever been recognised as such until appendectomy has been undertaken for symptoms of appendicitis—which may have been of chronic character, extending over years. The clinical interest, however, attaches to the etiology of this disease, for are we to regard the cancer of the appendix as the cause of the symptoms that lead to operation, or are these symptoms truly those of a chronically inflamed appendix, the irritation in which has only just at the end brought about the development of cancer?

In conclusion, I show you in this bottle an exceedingly interesting specimen of spheroidal carcinoma of the appendix from our Museum (Specimen No. 973), the nature of which has only recently been determined. It came from a man, Thomas F., æt. 31, who was under Dr. Babington in 1842. It is a swollen, solid-looking organ, and appears to the naked eye to owe its solidity rather to growth than to inflammatory change. A recent microscopic investigation has shown that it is of the spheroidal variety I have already described.

Appointments.

Civil.

Graham-Smith, Dr. G. Stuart, has been appointed Lecturer in Hygiene for five years in the University of Cambridge.

Jephcott, Chas., M.A., M.B., B.C. Camb., M.R.C.S., L.R.C.P. Lond., has been appointed Medical Officer to the Hoole Infirmary, Chester.

Lacey, Hugh K., L.R.C.P. Lond., M.R.C.S., has been appointed Honorary Physician to the Rosehill Children's Hospital, Torquay.

Naval and Military.

Staff-Surgeon Ernest S. Tuck, R.N., has been appointed to the *Foresight*.

Major W. G. Beyts, R.A.M.C., has been appointed to command the Station Hospital, Subathu, India.

Lieutenant H. Watts, I.M.S., is promoted to be Captain

Books Received. — Upcott's Antiseptic Methods; Medical Annual for 1907; Bland-Sutton's Gallstones and Diseases of the Bile Ducts; Journal of the Royal Army Medical Corps for March; and Journal of Gynæcology and Obstetrics for March.

From the Gazette's Special Pathologist.

NOTICES.

R. F., Patrington.—The centrifugalised deposit from this fluid was almost wholly composed of blood. Pus was absent, and the few leucocytes present were of the mono-nuclear type. Neither tubercle bacilli, nor any other organisms, were found in the film preparations, and the media inoculated with the specimen remained sterile after thirty-six hours' incubation.

H. B., Mitcham.—This specimen of sputum contained a little muco-pus, but no tubercle bacilli were found.

T. C., Blackpool.—Reaction acid, sp. gr. 1021; blood vide infra; sugar (see note); albumen equal 0.24 per cent. or 1.05 grains per ounce. Microscopical examination of the centrifugalised deposit: Moderate numbers of red blood discs, renal cells and granular hyaline and epithelial tube casts are present, also the normal mucin and urinary epithelium. No crystals are seen, nor is there any trace of pus.

Note.— There is a distinct trace of sugar, which yields the characteristic phenyl-glucosazone crystals. Its amount is not sufficient for accurate estimation.

H. G. A., Nottingham.—This specimen is a squamous-celled epithelioma of the tongue. It presents the usual branching epithelial columns containing "cell-nests," and has penetrated deeply into the muscle-layers.

T. M. W., Banbury.—This specimen of sputum contains a little muco-pus, but no tubercle bacilli are found.

C. M. A., Wallington.—Both these specimens exhibit a cartilaginous thickening of their serous coverings, no doubt due to byegone inflammation. But there is no evidence of disease in the subjacent tissues.

PATHOLOGIST.

Notice.

PRIMARY FELLOWSHIP EXAMINATION.
SPECIAL CLASSES IN PHYSIOLOGY.

These Classes will be held as follows:—
Mondays at 10 a.m.
Fridays at 12 noon.
First Class: Monday, the 4th March.

THE EDITOR will, at all times, be glad to consider articles or sketches, provided that they are accompanied by the writer's name and address, not necessarily for publication. Payment is a matter of arrangement, and the fees that the Gazette *can offer are merely nominal, but if the writer desires any remuneration that fact should be stated.*

Correspondence.

To the Editor of Guy's Hospital Gazette.

The late L.C.C. Election.

Dear Sir,—I do not think that my friend, Mr. Hopson, objected to your comments on the communication of the late candidate for Rotherhithe (which were indeed perfectly fair), but to the unfortunate employment in that communication of an offensive partizan epithet which one scarcely expected to see in a journal of the reputation of the Gazette. With regard to your correspondent's hope that Guy's at some future date may be represented on the London Council, it may not be generally known to your readers that a very distinguished Guy's man, Dr. Alfred Salter, University Double Medallist in Medicine, and formerly Gull Student, was again returned for Bermondsey by a large majority, and that Dr. Beaton, who for some time worked in the Gordon Research Laboratory, and was Chairman of the Public Health Committee of the late Council, was also again successful.
—I have the honour to be, faithfully yours,

Guy's Hospital, S.E., JOHN WADE.
March 11th, 1907.

Sir,—As one of the crew to whom Mr. Fremantle applied the term Mr. Hopson takes such strong objection to, may I crave a line or two to say that I did not find myself hurt in the least by either the letter or its title? It does not in the slightest matter what headings are put to such electioneering letters. They appeal, obviously, only to one section, and we who do not belong to that section do not find ourselves taken aback by seeing such epithets as Mr. Fremantle uses in print.

Your own view that a Guy's man is, like the King, above party, simply because he is a Guy's man, is a trifle too ideal for modern electioneering. Supposing, for instance, a Guy's man who is a rabid anti-vaccinationist, anti-vivisectionist, and generally opposed to the profession, stood for Parliament, are we to support him and his programme because he happened to have come from the same school as we? It is highly probable that such a gentleman will stay outside Parliament if he has to depend on the votes of old Guy's men for admission.
—I am, etc., WASTREL.

London, March 18, 1907.

[The extreme view that our correspondent takes of a Guy's man's capacity to make himself objectionable to his fellow-practitioners is one which we cannot share. The hypothetical case he sketches does not apply to Mr. Fremantle's candidature, to which we refer in Passim.—Ed. Gazette.]

An Obstetric Note!

Dear Sir,—Some time ago I was summoned to a confinement at a house about three miles distant.

As usual I hastened to attend, but was disappointed to find, on arrival, that the baby was born.

Next morning, on inspecting the outside of the house, I found the explanation of this, to me, unusual circumstance. On the face of the building were these words:—

"———— Post Office. For the sale of Stamps and for Parcel Post, Postal Order, Telegraph and *Express delivery business*."

Verily these are rapid days.—Yours truly,

HERBERT L. EVANS.

Ropley, Goring-on-Thames, Oxon.
12th March, 1907.

Junior Guyite Club.

A dinner of the above Club will be held on the second Thursday in May (9th) at the Restaurant Frascati, 7.30 p.m.

W. H. C. Newnham, Esq., M.D., of Bristol, President.
Percy Warner, Esq., of Woodford, Vice-President.
James A. Fraser, Western Lodge, Romford, Hon. Sec.

On Behalf of Old Miller.

Dear Sir,—During the recent re-organization of the Catering Department of the Guy's Students' Club it has been found that the services of the old club servant, Frederick William Miller, and his wife, would no longer be required.

Mr. Miller must be known to a large number of present and past Students, and others connected with Guy's, he having been in the club service for about 20 years.

He is now 76 years of age, and the difficulty of finding any suitable employment at that time of life need not be insisted upon.

It has been thought that a subscription list in aid of so old and respected a servant would not be unsuitable, and we have undertaken to put the matter before Guy's men and others in the hope of being able to raise a little fund for the benefit of himself and wife.

Should your readers care to associate themselves with this movement, either of us would be happy to receive their contributions and to forward an official receipt for the same.—Yours faithfully,

HENRY WILLIAMS, Clerk.
S. H. CROUCHER, Clerk to the Dean.

Guy's Hospital, 6th March, 1907.

Papers by Guy's Men.

A Case of Tetanus treated with Antitetanic Serum: Recovery. By C. R. Howard, M.B., B.C. Camb., M.R.C.S., L.R.C.P. Lond.—*British Medical Journal*, 9th March, 1907.

A National School for Consumptives: A Study of the Relation of the Sanatorium to the Working-class Consumptive. By C. H. Garland and T. D. Lister, M.D. Lond., F.R.C.S. Eng.—*The Lancet*, March 9th, 1907.

Guy's Hospital Debating Society.

The seventy-ninth ordinary meeting of the Debating Society was held in the College Smoking Room, on Saturday, March 16th, Dr. Bell Walker in the chair. Private business was much prolonged, and the whole proceedings were characterised by great disorder. The motion of the evening, which ran: "That this House believes that Universal Peace is neither desirable nor probable," was proposed by Mr. Stebbing. Only one nation, he pointed out, could be supreme upon the seas, and we were not likely to give up that position without a struggle, nor were other nations likely to accept our position as inevitable, in the light of the constant reversals of fortune recorded by history. Arbitration could only be effective in non-vital issues. England could have nothing to do with a Hague Conference which did not admit her power standard for her navy. Preparations for war had created many industries. Rome fell when she ceased to fight.

Mr. HENDERSON thought that an increasing tendency towards peace had existed since the time of the Stone Age. Peace now was inevitable. War did not alone injure the combatants; it was also a terrible disaster to non-participants.

Mr. PRICE said that peace meant luxury and slothful ease.

Mr. GOODHART admitted that peace was impossible at the present moment, and that immediate disarmament was out of the question. But he opposed the motion, and thought it a ghastly idea that anyone should prefer war to peace.

Mr. REYNOLDS pointed out that there were still thousands in China and Africa waiting to be conquered.

Mr. SCOTT emphasised the fact that wars were as fatal now as ever.

Mr. MINETT was surprised that such an advocate of peace as the honorable proposer should have spent that very afternoon practising revolver shooting in his back garden.

Mr. CALLAGHAN despaired of universal peace whilst there were any Suffragettes in existence.

Mr. JONES did not think, judging from the work of most committees, that people would ever agree sufficiently for universal peace to become an accomplished fact.

Mr. MILLS defended Tommy Atkins and the Prime Minister against the disparaging remarks which had been made upon them.

Mr. SCHLESINGER pointed out that war caused the death of the fit rather than of the unfit members of the community.

THE JUNIOR SECRETARY put in a plea for sentiment.

Mr. VERNON TAYLOR enquired what would become of the disbanded troops in the event of universal peace.

The OPPOSER and the PROPOSER replied amidst great interruptions, and the motion was put to the House and carried by six votes.

A vote of thanks to Dr. Bell Walker for his very arduous task as Chairman was carried with acclamation.

Appointments.

Medical School Appointments.

The following appointments have been made by the Treasurer upon the recommendation of the Medical Council:—

Clinical Assistants.—Messrs. C. H. Rippmann, P. P. Laidlaw, K. H. Digby, J. T. Smalley, B. K. Nutman, A. Zorab.

Dressers in the Throat Department.—Messrs. W. H. Miller, A. F. W. Denning, G. F. E. Allison, H. Joste Smith, N. Flower, B. Muir.

Assistant Surgeons' Dressers.—Messrs. R. G. Oram, F. R. L. Atkins, Q. H. Richardson, R. C. H. Francis, A. R. Khalakdina, A. E. P. Cheesman (Sir Alfred Fripp); C. C. Holman, L. W. Evans, C. G. Sprague, R. A. Rankine, A. D. J. B. Williams, M. M. Adams (Mr. Steward); H. R. Bastard, H. B. Kent, T. F. Brown, A. H. Crook, A. L. George, F. C. V. Thompson (Mr. Fagge); C. M. Plumptre, S. J. Darke, S. L. Randolph, M. M. Cowasjee, C. A. Wood (Mr. Rowlands).

Medical Ward Clerks.—Messrs. A. D. Vernon Taylor, H. Stansfield, S. H. Browning, H. W. Heasman, H. I. Janmahomed, V. Townrow, D. C. Druitt, W. E. Wallis, A. E. Rayner, W. H. Watson, A. A. Greenwood, J. R. Perdrau, W. T. Clarke, V. T. P. Webster, F. Kahlenberg, H. F. Percival, H. Lee.

Surgical Ward Clerks.—Messrs. C. H. Crump, E. L. Elliott, A. L. Fitzmaurice, J. L. Johnston, G. H. Peall, A. G. H. Burton.

Post-Mortem Clerks.—Messrs. H. C. Lucey, J. B. Dunning, B. H. Palmer (May 16th).

Aural Surgeon's Dressers.—Messrs. P. H. Joynt, B. Wallis.

Assistant Surgeons' Clerks.—Messrs. H. L. Attwater (Sir Alfred Fripp); W. Ledlie (Mr. Steward).

Papers by Guy's Men.

On the Surgical Treatment of Congenital Pyloric Stenosis, based on a series of Sixteen Cases. By F. F. Burghard, M.S. Lond., F.R.C.S.—*The Lancet*, March 16th, 1907.

The Erasmus Wilson Lecture on Pyorrhœa Alveolaris. By Kenneth W. Goadby, M.R.C.S., L.R.C.P. Lond., L.D.S. Eng., D.P.H. Camb.—*Ibid.*, 9th March, 1907.

Observations on a Case of Chyluria occurring in England, with a Report of the Post-mortem Examination. By Arthur F. Hertz, M.B., B.Ch. Oxon.—*Ibid.*, 16th March, 1907.

Papers for the Newly Qualified.

I.—Notes on General Practice.

If your correspondent "F. A. B." in the Gazette of January 26th wants to get the best information as to the management of a private practice, I should advise him to go in for a course of "locum tenens" work. After considerable experience at various times of other people's practices, I have no hesitation in recommending such a course. As a rule, in life one has to pay for experience. Here, on the contrary, one is paid for gaining experience. A great many men, however, do not realize the benefits they receive. Some, probably, because they look upon a "locum" as a mere holiday with opportunities for unlimited tennis or golf. Some "L. T.'s" enter upon a "locum" with the idea of giving instruction instead of receiving it, or at all events of resenting any help and advice. These men are generally those who have taken high degrees or held the higher appointments at a hospital, which things they suppose are a passport to everything in general practice, not excepting the business methods of the same. One of these once informed a doctor s wife, who offered to show him where things were in the surgery, that he didn't "want any woman interfering!"

Well, let me dive into my memories and dig out some useful hints.

When a man goes to a "locum" he should note down a few points to ask questions about. These include, the hours "at home"; time of visiting rounds; cash fees at house and any special fees charged at hotels; what chemist the doctor deals with; carriage or motor-car; night-work generally; radius; colleague near to consult in a difficulty; place of instruments; dispensing or not; "free list"; method of keeping "books," etc. Such information shows him how the practice is worked.

The methods of conducting a practice differ very much according, in the first place, whether it is a dispensing or a non-dispensing practice. The latter is, of course, less troublesome in the way of actual work. Patients differ very much, and the poor patients generally give less trouble than the rich ones. The "clubby," wholly contented with his bottle of "Sach. Ust.," is often a welcome relief to the vagaries of my Lady Vere de Vere, suffering from nervous prostration. In the course of time a "locum tenens" will have experience of all kinds of practices.

Let us suppose a man goes to his first "locum." He arrives at the house in due course, and is shown into the consulting room. Now is the "L. T.'s" first opportunity for learning a lesson. *Look round the room.* Look for the character of the man in his own sanctum. His books, his pictures, his furniture, his "things"—all may convey something of their owner. What a contrast there is in consulting rooms! What cosy little rooms some are! What intellectual retreats others! What pig-styes, also, are some! Each room shows the doctor whose practice you have to study for your own benefit.

There is no general rule for the introduction of a "L. T." Most practitioners stay to take round a substitute to a few special patients. "My friend, Dr. X., has come to take charge o my practice during my holiday," is a common form of introduction. An old lady (generally an "old lady") eyes you suspiciously, and very often says she has been feeling so much better lately that she thinks she will get on quite well without a doctor for a few weeks. Don't be offended at this. It is a common idea among aged patients to object to a change of doctors. Think only in other circumstances how comforting such an idea is to the doctor who attends regularly. Remember, it will be your case some day. Smile at the poor old thing, and say kindly, "Well, if you want me I shall be here." Something, perhaps, in the tone of your voice, the good-humoured way you take the little snub, may soften her degenerated heart, and she will as often as not say, "Well, next week perhaps you might look in." You have triumphed! You have learnt something in the art of managing a patient. Another point. The doctor often goes away without telling people he is going, in which case a new difficulty arises. When patients call at the house, they generally ask, "Is Dr. So-and-So at home?" Tell the servant always to say in answer to this question, "Will you come in, please?" When the patient is shown into your room he or she is naturally "taken aback," as one says. "Oh, I thought Dr. So-and-So was at home." You at once reply quite blandly, "Dr. So-and-So is away on his holiday at present. I am doing his work. If I can be of any use, I ——." In most cases the patient will decide to consult you because it is the easiest way out of an awkward situation! The patient always looks rather awkward, but you must not appear to notice this, and certainly must not look awkward yourself! If the patient stays, you have again conquered and have learnt something. Some

"L. T.'s" go through their consultations and visits as though it were a daily drudgery. Surely these are occasions when the management—I repeat "management"—of patients can be learnt and practised. One has often heard of the expressions "the doctor's manner," "a good bedside manner." These are not to be despised. There is no doubt men can please or repel a patient merely by their "manner." Your athletic man who bursts into a sick room may cheer a patient up for the time being, but very often the momentary excitement produces a reaction and, next time, the patient "feels too ill to see the doctor!" Any excuse may be given to keep the blustering man out. The softer tones are better generally. One can learn to be cheery without yelling.

With patients, too, one can learn much by looking round the room. Remember to look for character signs, for indications of habits. They are there sure enough. Clothes often reveal the man, as Carlyle has shown. Think of "Sherlock Holmes" as you enter a new house and seek for "signs."

Some patients like to talk "shop," and tell you sometimes that they love things medical, and proceed to bore you with the description of a case that some other doctor grossly mismanaged. You have to bear with this sort of thing, but never agree in the patient's opinion. Try and defend the absent professional brother. Fish about for reasons to show that in exceptional cases such and such a result sometimes happens in spite of everything. Remember that your turn to be abused may come some day! It is wonderful how soon a man drops into another man's ways if he trys. It is good practice to try and carry on things like the other man for your own sake as well as his. You can test things and accumulate a variety of experience and by comparison come to a conclusion as to what will best suit your own future practice. The question of fees presents a difficulty, and certainly is one that can be studied advantageously when doing "locums." There are two points about fees. What the patient can afford to pay is one, and what position you hold, or aim at holding, is another. In the first case the fee must vary, and one way, if in doubt about fixing it, is to ask the patient what he can afford to pay, or what he usually pays. His position in life has also to be considered. This applies more especially to prescribing practices.

In dispensing practices a lower fee is generally the rule, because the patient must necessarily come oftener to the doctor for medicine. Practically the patients get cheap advice and dear medicine. It is a combination of the doctor's fee for advice with the chemist's profit. Fees are also very much regulated by the general rate in the neighbourhood. There is also such a thing as underbidding the opposition—a sorry business truly, but I fear very common. In a prescribing practice the fees are generally higher. Here especially comes in the second point I mentioned above. If a man can afford to lay himself out for higher fees, he must in some way impress the public that he is worth more.

For some reason or other, the public seem to think that the more money a doctor has the cleverer he is. A man is always supposed to earn his money by his own merits. It is a strange doctrine, but one very commonly held. I believe firmly an exhibition of apparent wealth helps a man in practice. He either succeeds or—smashes! It is a speculation, however, that everyone should not attempt. Exceptional skill in general practice has also been known to impress the public, but this is rare. Bone-setters and quacks are the usual people who are credited with exceptional skill. Advertisement as a means of making a practice affords a good deal of insight into human nature. A fine pair of horses driven about the town attracts considerable attention. Formerly, when motor-cars were rarer vehicles, that demon of dust and noise made a great impression. The owner was thought to be a man of enterprise, "up-to-date," etc. Such men often became quite motor mad, and could talk of nothing else but "carburetters," "electric ignition," and what not. The motor mad doctor would "toot, toot" as he mounted the staircase in a house, and would greet his patient with the dirty hand of a mechanic. His reddened face and bristling moustache would hover over the sick bed to which he brought the scent of his beloved petrol. He was no longer the suave man of medicine; he had become the medical engineer!

Perhaps these things are toning down now, but they certainly were at one time a reproach to some members of our profession. In dispensing practices there are many wrinkles to be learnt. It is remarkable how differently men look at the value of drugs. Some men seem to have every new drug in the market; while others have so few that at first you wonder how the patients can be treated properly. You can try all kinds of experiments when you have personal command of a stock of medicines. You can alter or modify doses, and even investigate the claims of faith-healing! Unless you are a pedant, however, I believe you will arrive at the

conclusion that very few drugs are really needed. I am convinced that most of the new drugs brought out by the wholesale chemists—generally German or American—are merely commercial speculations. Most of these drugs have no advantage over the old well-tried ones. Many men prescribe a new drug only because they feel ashamed of prescribing the same drug so often. I remember the case of an old General, who had a sheaf of old prescriptions all containing, as he said, "My old friend, bicarbonate of soda!"

We do not want any more new drugs. What we want are newer flavouring and colouring agents!

There are many other things to be learnt when doing "locums" if only a man will avail himself of his opportunities. As he moves about the country he will come across human nature in all its kaleidoscopic forms. He will be able to study mankind as well as medicine. He will see and hear much to make him think, and thinking rightly, he will "be always learning."

FREDERIC VICARS, M.D. Brux.

London, February 7th, 1907.

Reviews.

The price of books submitted for review should in every case be stated.

Aids to the Diagnosis and Treatment of Diseases of Children. By John McCaw, M.D. Third edition. Pp. xiv. and 383. (Baillière, Tindall & Cox.) 4s. 6d. cloth. 4s. paper.

Dr. McCaw has been encouraged by the friendly reception this book has received to produce a third edition; but we think it a pity that he has taken the opportunity to enlarge its scope at the same time. The work suffers from a fault common to many works on children's diseases. Such a manual should give a good description of all diseases peculiar to or commonest in children, with short notices only of those diseases common in adult life and rare in children. This work is almost a text book on medicine, and gives as much space to chlorosis, which is not a children's disease, as it does to ophthalmia neonatorum.

The first chapter is excellent, giving, as it does, many valuable details which are hard to find in books—when a child first begins to hear, smell and "see." The rules given for quarantine are also very good, as they relate both to patients and to those exposed to infection.

The author thanks previous reviewers for the errors they have pointed out, so we beg to point out a few more. Crede should be written Credé; dilated veins on the abdominal wall are evidence of obstruction to the Vena Cava—*not* the Portal Vein; the reference on p. 57 should be to p. 162, and not p. 155.

We cannot say that this is so successful as other manuals in the well-known "Aids" series.

The Diagnosis and Treatment of Intussusception. By C. P. B. Clubbe. Pp. 92. (Young J. Pentland.) 3s. 6d. net.

This scholarly and concise account of intussusception comes from the pen of an Australian surgeon, and is founded on the observations of 144 cases, which have come under his care in various Sydney hospitals. This form of intestinal obstruction is now much more readily recognised, and much more thoroughly treated, than it was twenty years ago: the first recorded laparotomy for this condition was performed by Mr. Jonathan Hutchinson in 1871, but it was Mr. Barker, in 1888, who really put the treatment on a rational basis. Operation is now the main line of treatment, though Mr. Clubbe thinks that irrigation should always be tried first, while the child is on the operating table ready for operation: and in 13 out of his 144 cases this was the only treatment, and it was successful. The author, however, quotes many opinions against his, and is not at all dogmatic on the subject.

We are told that the commonest site for an intussusception to exist is the caput cæci, and not the ileo cæcal valve—a statement which is rapidly gaining favour among surgeons, though it has not yet found its way into the ordinary text-books. Difficulty in reduction is always due to the swollen intussusceptions, and not to adhesions, which never exist in the acute form of the disease. In an appendix, Dr. Binney urges that chloroform should always be used, while Dr. Wade says that ether is *the* anæsthetic; both, however, agree that the child must be deeply under, because of the prolonged handling to which the peritoneum must submit. Mr. Clubbe gives I.H.M. gr. 1/50 almost as a routine afterwards, and puts the child back to the breast after the first day. We can heartily recommend this very excellent and very readable manual.

Papers by Guy's Men.

Note on the Use of Aceto-Salicylic Acid in Rheumatic Endo-Pericarditis. By Edward C. B. Ibotson, M.B. Lond., M.R.C.S., L.R.C.P. Lond.—*The Lancet*, 16th March, 1907.

The Lumleian Lectures on Insanity: Its Causes and Increase. By G. H. Savage, M.D. Lond., F.R.C.P. Lond.—*British Medical Journal*, 16th March, 1907.

Malaria: A paper based on the study of 124 consecutive cases in the Tropical Wards of the Royal Southern Hospital, Liverpool. By J. Lloyd Roberts, M.D. Lond., F.R.C.S. Eng.—*The Lancet*, 9th March, 1907.

On the Excretion of Creatinin in a Case of Pseudo-hypertrophic Muscular Dystrophy. By E. I. Spriggs, M.D. Lond., F.R.C.P. Lond.—*Ibid.*

Sport.

Hockey Club.

GUY'S v. ST. THOMAS'S.

Semi-Final Inter-Hospital Competition.

Result: Guy's, 4; St. Thomas's, 1.

This replay took place at Richmond on Monday, March 11th, before a few select, but enthusiastic, lady partisans. The ground was in excellent order, and another very fast game resulted. Thomas's were the first to score after ten minutes' play, a bad mistake by the left back division, leaving Dawes with a clear run in, and shot at close range. In view of the fact that in the previous match we were unable to score, this was rather disquieting, but after twenty minutes' ding-dong play, with the balance in our favour, Dryland equalised shortly before the interval, and the teams crossed over with the score 1 each.

On resuming, Dryland brought Davies inside-left, and put Gibbons on the wing. This was a most judicious move, and largely affected the result, for our forwards were now constantly dangerous. Thomas's put up a great defence, however, and not until nearly twenty minutes had elapsed did Dryland put us one up. This roused Thomas's no end, and the next five minutes were very exciting; first their inside-right, standing unmarked, missed with a clear shot, and then Dawes tested our goal-keeper. This, however, was a last effort, and in the absence of Gemmell, who had gone forward, Dryland soon added a third goal. Guy's were now winning, and our opponents' goal-keeper was fortunate to save several times, particularly on one occasion, when Dryland brought him down with a splendid hard shot from the left, which struck his foot. Shortly before time Ticehurst added our fourth and last goal.

Remarks.—Of the forwards, Dryland was in splendid form, and was ably helped by Ticehurst and Davies. Gibbons was a failure at inside-left, but did well on the wing. Of the halves, Leckie was great as usual, and Clarke and Thompson very sound, but the latter must feed his forwards, and not hit so indiscriminately. Archer put much power into his strokes, terrifying friend and foe alike, but, with Duke, was difficult to pass. He is still apt to leave his side unguarded when the ball is near his own goal. Team:—

Guy's.—F. Morres (goal); H. Archer, L. Duke (backs); W. I. Clarke, M. Leckie, G. Thompson (half-backs); G. A. Dick, H. V. Gibbons, G. W. Dryland, C. B. Ticehurst, L. G. Davies (forwards).

LESS DECREPIT.

GUY'S v. ST. BART.'S.

Final Tie Inter-Hospital Competition.

Result: Guy's, 2; St. Bart.'s, 0.

Played at Blackheath, on Thursday, March 14th. The form shown in this match suffered in comparison with that shown in our previous tie with St. Thomas's. This was due partly to the heavy, holding state of the ground, which soon cut up, and partly to the crowding tactics of our opponents, one or two of whom showed scant consideration for the rules when in difficulties.

Before proceeding with an account of the game, we must at first animadvert strongly on the behaviour of a section of our opponents' supporters. We, of course, have no objection to the ordinary loud cries of encouragement, even from inebriates, but we do condemn encouragement (?) which finds continuous vent in such cries as "Play the game," "Offside," "Foul," etc., and other still less pleasant remarks. We understand also that a lady, refereeing in a ladies' match on the adjoining ground, was also much annoyed by certain vulgar comments and remarks made by this same section, who, to crown all, baited the referee on the conclusion of the game. We can find some excuse for a player forgetting himself in the heat and mortification of a losing game, but none for behaviour such as this, which is more worthy of a third-rate "Professional Soccer" crowd, and can only emanate from men whose sporting and other instincts are of the lowest, and is fortunately seldom, if ever, heard of in hockey.

At the start, Bart.'s were the first to become dangerous, and our goal-keeper had to save a smart shot from the inside right in the first five minutes. We then began to settle down, and after about twenty minutes' play, Gibbons receiving a neat pass from Dryland, scored at close range. First Dryland, and then Gibbons and Ticehurst, missed in fairly quick succession, and the teams crossed over, with the score—Guy's, 1; Bart.'s, 0.

On resuming, we continued to have the best of the play, but could do everything but score. Davies, in this half, changed places with Gibbons, but little advantage was gained by the move. After about fifteen minutes' play, Bart.'s narrowly escaped equalising. Morres, bringing off a good, but somewhat fortunate, save from the inside-right, and immediately afterwards Ticehurst relieved anxiety by adding our second goal. Play was rather wild during the last fifteen minutes, but no further scoring took place, and we left the field winners as stated.

Best congratulations to Capt. Dryland, who played an excellent game, and was easily the best forward on the field. All played hard and well, but special praise must be given to Leckie and Clarke, and to Page, our opponents' centre-half, who was responsible for two-thirds of the defence, and played a magnificent game.

This is the second time of holding the Cup, which Thomas's wrested from us three years ago. Team:—

Guy's.—G. A. Dick, H. F. Gibbons, G. W. Dryland, C. B. Ticehurst, L. G. Davies, W. I. Clarke, M. Leckie, R. Thompson, H. Archer, H. L. Duke and F. Morres.

NO LONGER DECREPIT.

Births.

BADCOCK.—On February 23rd, 1907, the wife of J. H. Badcock, of 140, Harley Street, W., of a daughter.

MURIEL.—On March 15th, at 109, Scotch Street, the wife of G. Bertram Muriel, M.A., B.C. Cantab., etc., of a daughter.

REEVES.—On March 12th, at 6, Streatham Hill, the wife of Albert Reeves, M.R.C.S., L.R.C.P. Lond., of a daughter (stillborn).

Ed.—C. L. L.

GUY'S HOSPITAL GAZETTE.

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Passim.

DURING the last few weeks there have been several changes in one department of the Hospital. Mr. Sichel, who for several years has been in charge of the Actinotherapeutic Department, resigned his appointment some weeks ago. The vacancy thus created has been filled, and the Medical Committee has taken advantage of the opportunity to initiate some alterations in the X-ray and Photographic Departments, which have for a long time been under discussion. After carefully considering the requirements of the department, the Committee recommended the appointment of a Medical Radiographer, and of a Second Surgical Radiographer.

THESE appointments have now been made. Mr. Iredell becomes Surgeon in charge of the Actinotherapeutic Department, in the place of Mr. G. Sichel, resigned. Mr. Iredell came to Guy's in 1898, and took his M.B. degree in 1904. In the same year he became Assistant House-Surgeon to Mr. Dunn, and later on held the appointments of O.P.O., and of House-Physician to Sir Cooper Perry. During the last few weeks, subsequent to Mr. Sichel's retirement, he has been in charge of the department of which he now becomes chief. When doing his house appointments Mr. Iredell was deservedly popular with his dressers and clerks, and there are many who will join with us in congratulating him on his promotion to the Staff.

To the newly-created post of Medical Radiographer has been appointed Dr. Alfred C. Jordan, M.D., B.A., B.C. Cantab. Dr. Jordan, who is a St. Bartholomew's man, has been acting as Medical Officer in the Electrical Departments of the Metropolitan Hospital, the Royal Hospital for Diseases of the Chest, and the North-Eastern Hospital for Children. Dr. C. J. Morton, M.D., L.R.C.P., L.R.C.S. Edin., becomes our new Second Surgical Radiographer. Dr. Morton has worked in the X-ray Department of Charing Cross Hospital for the last twelve months under Dr. Ironside Bruce, and previous to that he has had fifteen years' experience of private practice. Both he and Dr. Jordan are strangers to us, but as both will be associated with us in daily work in the X-ray Department, neither will remain a stranger very long. We cordially welcome them, and trust that their association with Guy's Hospital may be for our mutual benefit.

A WORD as to the respective duties of the new officers may not be out of place here. The Medical Committee suggested that the Medical

Radiographer should attend in the afternoons on Mondays, Tuesdays, Wednesdays, Thursdays and Fridays, from 2 to 4.30 p.m., and on every alternate Saturday from 1 to 3 p.m., for the purpose of screening, photographing, and reporting of all medical cases from the wards or Out-patient Department. The Second Surgical Radiographer is to attend every week-day morning from 10 to 12.30, to deal with cases from the surgical side and Casualty Department. Mr. Shenton, who remains head of the Radiographic Department, will attend and report on special surgical cases. On the Resident Surgical Officer devolves the duty of making arrangements for the examination of surgical patients in the X-ray Department, and of performing, "in consultation with the Surgical Radiographer, such operations for the removal of foreign bodies as are not undertaken by the Surgical Staff." This systematisation of the work in the various departments will certainly tend to promote improvements all along the line. It will simplify, to a large extent, the methods of dealing with the huge accumulation of work that now awaits the operator in the X-ray room. Hitherto there has been far too much work for one man, and though, under the circumstances, the work has been exceptionally well carried out, this definite apportioning of sectional work will undoubtedly make our X-ray department more able adequately to deal with the many cases that come for diagnosis from the medical and surgical side, and from the Out-patient Department.

There is nothing more difficult for the Passimist to touch upon than matters which concern departmental arrangements of importance. Suggestions, implied hints to the authorities, savour of impertinence, and there is always the risk of being misunderstood. The man who speaks of reform, whether with a small "r" or a capital, is usually told to mind his own business. Yet, on the whole, the authorities have been very tolerant of suggestions thrown out in these pages. We even believe they have sometimes profited by them. Under the circumstances, we trust they will pardon a wail with regard to Bright Ward.

The appointment of Medical Officer to Bright Ward is posted in the colonnade, and, so far as one may gather from current gossip, there seems to be a dearth of applicants for the vacancy. The appointment is certainly not one of the "plums" of house appointments. The Medical Officer in charge of Bright Ward is one of the hardest worked individuals in the hospital. He is H.P., H.S., and dresser rolled into one. Doubtless it is splendid training, as all hard work is, but it has been the invariable complaint of former holders of the post that there is too much of it. The duties are getting more onerous every day, and the man who holds the appointment must be unusually active to get even a moderate amount of leisure for reading or study during his tenure of office. The whole of the morning finds him engaged in going round or attending to dressings; the major part of the afternoon sees him assisting at operations or giving anæsthetics. In the evening there is another round to be done, with the possibility of frequent night calls. In fact, the Medical Officer in charge of Bright Ward is ex-take-in H.S. all the time he holds the appointment.

We venture to think, with all due humility that the discussion of so important a point warrants, that something might be done to relieve him of the more menial part of his duties. There is a vast field of clinical material in Bright from which he, doubtless, benefits to the full, but which is absolutely unavailable for anyone else. The appointment of a dresser in Bright Ward would relieve him of much of the daily drudgery of changing gauze and putting on clean bandages, and it would give someone else the chance of benefiting by the clinical experience to be derived from Bright Ward—at least, to a certain extent. Such a dressership might reasonably be an honorary appointment, available for senior men or men newly qualified, and the holder of the appointment might, equally reasonably, get sufficient out of it, in point of clinical experience, to make the post a coveted one. Its value, indeed, would be high. In a sense, it would mean an initiation into private practice, an experience with a type of patient other than the average dresser attends

in the ordinary wards. The suggestion has been mooted by former holders of the post now vacant, and is, at any rate, one which is worth considering.

Through an oversight, we neglected in the last number of the Gazette to amplify our congratulatory remarks to the team that brought back the Rugby Cup to the Smoking-room. It is too late in the day to repair the omission, but there is time yet to refer to the success of the hockey team, which has added another success to the list of victories that we can claim for the winter season. Our gymnastic team, however, has been unfortunate. The annual display, held last week, and of which a full account appears elsewhere in this number, showed that there were several weak points in our armour. Though the result of the display was that we lost by a few points, the fact that we came so close to winning is sufficient encouragement for a future occasion.

With the advent of warmer weather and the swimming season, we should like to remind men that there is such a thing as a Hospital Swimming Club, and that a good fixture list of water-polo matches has been arranged for this season. Having the advantage of a private bath for practice on the premises, it is a great pity that we are not able to find more than a handful of men who take any interest in swimming and water-polo as a sport.

The Committee of the Swimming Club has decided to repeat last year's experiment, and to hold another private swimming entertainment this season. Last year, it will be remembered, the entertainment was not arranged until the very end of the summer session, and consequently it suffered in having so few supporters. This year an early start has been made. It has been decided to hold the display in the middle of June, and under the circumstances there should be a large attendance both of competitors and spectators. We trust all men who are proficient, or desire to become so, in the art of swimming, will communicate with the Secretary and let him know that they are available. Practices and trials have been arranged, and the Secretary will always be glad to hear from men who take an interest in the sport and would care to join the Club.

The Pupils' Physical Society concluded an interesting session a fortnight ago, when the final meeting of the session took place, in the Smoking Room. Dr. Newton Pitt, whom we have come to look upon as an indispensable chairman at these finals, presided, and there was a fair attendance of members. An audience of twenty is, however, scarcely worthy of the Society, and, under the circumstances, the discussion on Mr. Rippmann's paper, which carried off the Treasurer's prize, was not so general as it might have been. The subject of the essay was "Pneumococcal Suppuration," and we hope to publish the paper in full in a future number of the Gazette, as its author has conscientious scruples against its seeing the light before it has undergone the trial to which all academic theses, as we understand, are submitted. Mr. Rippmann is to be congratulated on tackling a difficult, if interesting, subject in the able style which characterises the prize essay, as much as he is to be congratulated upon the interesting discussion that it evoked.

The Society's prizes for the session were announced at the same meeting, Mr. Layton carries off the prize for the best essay read before the Society. The Society's prize for the best pathological or clinical specimens shown at the meetings was divided, £3 going to Mr. Purdom, who showed some interesting specimens, and a guinea being apportioned to Messrs. E. P. Minett and R. Roberts respectively, for their specimens. The Society has done well in thus encouraging the exhibition of specimens. During the last few years the "specimen prize" has been withheld, perhaps unwisely, and this award should stimulate members to greater efforts for providing the audience at clinical meetings with material for discussion.

THE EDITOR will, at all times, be glad to consider articles or sketches, provided that they are accompanied by the writer's name and address, not necessarily for publication. Payment is a matter of arrangement, and the fees that the Gazette *can offer are merely nominal, but if the writer desires any remuneration that fact should be stated.*

Clinical Notes.

Cyclops.

Sir,—I hope you will find an opportunity to publish the enclosed photographs of a cyclops which I am enclosing. (See supplement.)

The child was born in Mahi on February 12th. It was the mother's tenth pregnancy, and all his brothers and sisters are normal, healthy and alive. The confinement, except for an enormous hydramnios, was normal. The membranes were rather leathery and tough, and I had to rupture them. There was a slight hæmorrhage after the birth owing to the over-distension of the uterus during pregnancy and consequent loss of power to contract, but after a little time the placenta came away naturally and the uterus contracted well. The child is a male, and is somewhat hairy; the body is well nourished and normal, but the abnormal position of his features is remarkable.

To begin with, his eyes, instead of occupying their orbits, have coalesced, and are situated in the nasal cavity. The two pupils are easily seen in the full-face photo. The opening of the lachrymal ducts are at the bottom of the diamond-shaped opening, and the dark ring round the pupil is caused by a very congested conjunctiva.

The nose, ousted from its usual place, has grown from the centre of the forehead. There are no signs of any nasal bones, and the organ has taken upon itself the formation of an elephant's trunk, *i.e.*, a boneless tube with two nostrils at the tip.

The ears are only partly developed. The meatuses are very narrow and tortuous, and probably the internal ears are only partly developed also. This is most likely due to the alteration of the internal arrangement of the skull.

This condition of affairs must be very rare. I cannot find any history of a similar deformity, and from the general fairy tale and homeric idea of a cyclops, I think that this case must be almost unique, otherwise the imaginary cyclops would not wear his eye in the centre of his forehead, or at least we should have heard some criticisms on the illustrations which so presented him—and even Turner would not have escaped.

The position taken by the eyes in this case appears to me to be much the more likely one, the probability of the eyes being forced upwards into the cranial cavity is so very slight when the nasal cavity is so handy for them to fall into when once their orbits are closed to them.

I have not dissected the specimen or pulled it about in any way, and I hope to bring it home with me when I come on leave. It will probably find its way to Guy's, and I hope will be thought worthy of a place in the new museum. I should very much like to see the internal arrangement of its skull, but as these specimens are rare, I have refrained from spoiling it, and have left its dissection to the more experienced hands into which it will some day fall. Further, I may say that dissecting in these latitudes is "no lavender," so my motive may not be so unselfish after all.—Yours truly,

Seychelles, Feb. 18th, 1907. R. DENMAN, Ch. Med. Officer.

Papers for the Newly Qualified.

II.—The General Practitioners' Work.

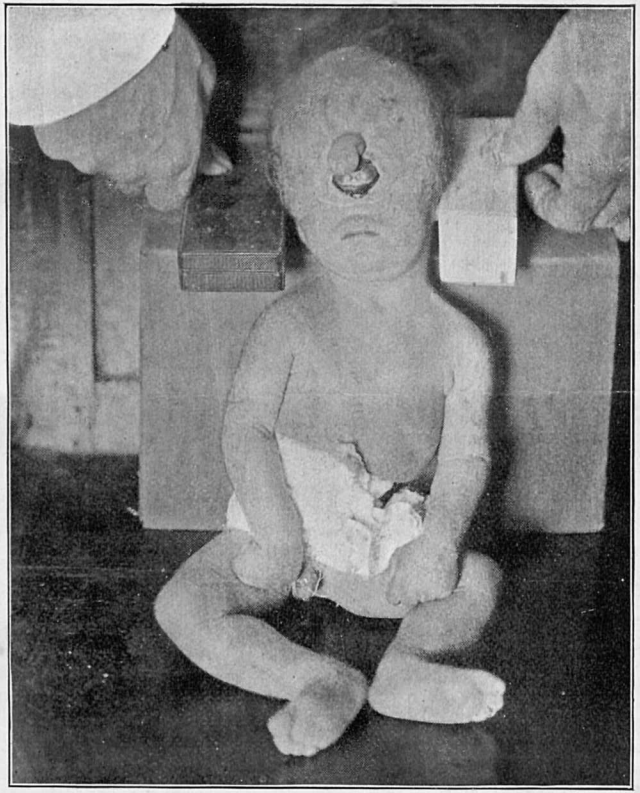
The general practitioner's work is of such different kinds in different places, that I should think the experience of many would be valuable, though the experience of all would not actually agree. My work has all been in London, where circumstances are quite different to those in provincial towns and pure country.

In writing these notes the *ego* seems unavoidable, and must claim the modern "sorry."

To enjoy life as a medico, I should say do not think so much of the lucrative side of work as if it was so common an undertaking as material business. The pleasure of life is to make others happy by helping them over their difficulties, mental and bodily. This is the delight of a philanthropist. I hate to be asked, "How's business?" and think little of the one who asks it. I never talk of business, but take all as it comes, because being conscious of diligence and attention to all matters, I know no more could be done.

The doctor works at and from his home, wherein he has an advantage over the business man who goes to and fro to town from suburb or country daily. So I advise that he should make much of the home, that it may be as comfortable and pleasurable as possible. The home of his dearest, of his hobbies, and of his work—so that he has no week-end mania, but a nest of resources at his elbow.

I believe it is important to begin as you mean to go on. I have always made it understood that I wanted my Saturday half-holidays as much as anyone else, if I was to be bright and fit to do the best for my patients during the week. Similarly, I always make it known that I do no work on Sunday except when it is absolutely necessary, and then it is done very willingly. I know an old school-fellow of mine who always did his operations on Sunday, but his great success landed him in a lunatic asylum. I also know of another medico who was such a wonderful man at cycling, lawn tennis, before breakfast sea plunging, etc., that soon after fifty he found that his aorta was



Photographs of Dr. R. Denman's "Cyclops."

somewhat overstretched, and he was compelled to adopt enforced quietude in bed.

Let it be always thought very unkind to interfere with the doctor's leisure or meal-time by coming out of hours, and work done entailing extra work in out-of-order hours must receive extra payment.

Personally, I would avoid partnerships, and have an assistant if extra help is wanted. Of the many, for the most part excellent, assistants I have had, the majority are in successful practices of their own, while the few who were addicted to drink or drugs were soon discovered and discharged.

To medical neighbours I would go out of my way to be exceedingly courteous and unselfish, and be so straightforward as to allow no opportunity for suspicion or ill-feeling. My own experience with Guy's men has not been happy, at least in two cases that I wish I could forget; for I sent them patients, and I got no recognition from them or answer to my letters, though I know from the husbands that the ladies were attended by the doctors whom I recommended.

To meet fellow medicos in a friendly way over games or music, etc., provided that talk about business is excluded, is pleasant, and helps any business undertakings which may occur to be mutually and more easily arranged.

A good man said to me recently that he thought that a class which was wanted to-day was "good listeners." Everybody was in too great a hurry to listen, and therefore too hurried to help others by listening to their troubles. I think the young G. P. must learn to sit down and let his patient have his say out. In this way the confidence of the patient is won, and a clue to diagnosis is more easily gained, especially as so much of the difficulty, of townfolk at least, is purely mental, or mental as a reflex from some physical source. Folk will come to have a chance of talking freely about themselves and their troubles to those whom they expect will listen. This is a great relief to the sufferer and goes some way towards cure, if the wise angler will let the fish run the line out awhile before he pulls up to a conclusion.

Just as in hospital practice there is not time to hear much from the patients about themselves, so also there is no opportunity of knowing their environments. But in private practice great help in diagnosis and treatment is obtained from acquaintance with the habits and surroundings of the sufferer, making their recovery in consequence much quicker and decided.

In the matter of book-keeping, I generally make short notes at side of name in day-book, so that I can refer back, and at the same time give confidence to the patient, who feels that the details of his case are fresh in the doctor's mind. To keep note-books as the consultant generally does is quite an impossibility to a really busy general practitioner. However, it is a real help to keep day-book, ledger, cash and expense book tidily. I would begin at once to send in—in as many cases as possible—accounts monthly, for these are readily paid, whereas a patient who once receives a heavy bill from you, may so remember it as not to send for you again. I would always accept an offer to pay cash, and adopt cash payments as much as possible. Above all people, I would have very short accounts with publicans.

Below is a list of societies I think all should join:—

British Medical Association.
British Medical Benevolent Fund.
Medical Defence Union.
Medical Sickness Assurance Society.
Some Life Insurance Association.
Some sound Debt Collecting and Status Enquiry Company.

because, collectively, we should work for the welfare of our profession and learn to be provident early in life, protecting ourselves by united methods of defence, and while never in debt ourselves see that others are not in debt to us. By these means we shall maintain our own self-respect, and earn respect from others, who will see that we are not fools and cannot be befooled either.

"AFTER 30 YEARS."

Appointments.

Civil.

Capes, Robert, M.R.C.S. Eng., L.R.C.P. Lond., has been appointed Medical Officer to the Camberwel Provident Dispensary.

Cheyney, G. H., M.R.C.S. Eng., L.R.C.P. Lond., has been appointed District Medical Officer of the Henley Union.

Jephcott, Charles, M.A., M.B., B.C., M.R.C.S., L.R.C.P., has been appointed Visiting Surgeon to Chester General Infirmary.

Miller, A. H., B.A., M.B., B.C. Cantab., M.R.C.S. Eng., has been appointed Resident Medical Officer to Out-Patients, Queen Charlotte's Hospital, N.W.

Wyatt, H. D., M.R.C.S., L.R.C.P. Lond., has been appointed House-Physician at the Evelina Hospital for Sick Children, Southwark, S.E.

The Influence of Guy's on Medicine in England.

Paper read before the Physical Society by Mr. J. L. Rankine.

Mr. President and Gentlemen,—Before beginning an inquiry into the influence exerted by Guy's men upon medicine, perhaps it would not be uninteresting to attempt a short survey of the state of medicine and its general progress about the time that this hospital was founded. As medicine and its practice is but one of the many things that has received the attention of human thought, it is, therefore, only right that it should have followed the lines upon which those minds developed throughout the different phases of intellectual thought. In the commencement of medical practice—and here I must pass by in silence the obscurely related facts of the more ancient writers—men seem to have reasoned entirely from the merely external phenomena of disease, without attempting to understand the normal workings of the human mechanism. They theorised, they exerted their intellects in building up purely imaginary systems from purely hypothetical grounds. In these olden times, philosophers, priests, and medical men were so intimately mixed and confused—often the different social functions were played by the same individual—that one can hardly expect to find purely medical views segregate from the other ideas. We have seen the humoral theory of Hippocrates, practically a neatly worked-out suggestion from the older philosophic ideas relating to the composition of the world; this in its turn gave ground to the hot-cold, wet-dry theory of Galen, a theory founded upon observations of the various changing states of the diseased human body. Then about the time of Luther and the other great reformers who dared to question the old order of things, comes the magnificent Paracelsus, with his microcosm and macrocosm theory, in which the relation of astrology, astronomy and religious philosophy are all curiously and ingeniously mixed and then applied to the human frame. This trend of thought may be characterized as that of a child who delights in the marvellous, because unknown, and hence we find that medicine during this period becomes a chronicle of all kinds and conditions of monstrosities and portents. From this stage of innocent wonder, when thought was merely passive, we pass somewhat abruptly to the stage of active thought. Men were no longer content merely to wonder, but set themselves the task of actively investigating all forms of life; to put it briefly, they began to pay more attention to the practical side of life, to deal with facts and to discard abstract reasoning. It is easy to understand that with this spirit of active inquiry pervading men some advance was soon made in the sciences, and in none more, perhaps, than in medicine. And it is with this period—which took about a century for its full development—that all the great modern names in medicine are connected; it is also at this period that our hospital was founded.

To be correct, the hospital was actually founded in the early part of the 18th century, but I think that, without slighting any of the earlier members of the Medical and Surgical Staff, we may say that no great contribution was made in England to the progress of medicine till after the passing of the Anatomy Act: that Act—perhaps one of the most important for the medical profession ever passed in England—did not become law till nearly a century after the foundation of the hospital.

It can be said, I think with justice, that the rise of the medical school does not really commence till after the abolition of the outside anatomy schools—of which, perhaps, the most famous was in Webb Street—a step which was accomplished through the influence of Mr. Harrison, who, if not the originator, may be looked upon as the true founder of the medical school; for not only did he create the buildings, but had the genius to appoint—often in direct opposition to those whose opinions carried not a little weight—the men who were best fitted not only to fill the immediate position, but also to bring fame to the hospital.

At the beginning of the 19th century, then, I think I may say that the hospital was fully developed in all departments, and was prepared to take its place both as a hospital for the care of patients and as a school for the study of disease and its scientific investigation. There seems to be, if I may be allowed to say so, such a glut of celebrated names attached to the further history of the hospital, that I think it would be sufficient for the purposes of this paper if I were to deal with each branch of the science in particular and roughly sketch the influence exerted upon that branch by Guy's men.

In the domain of medicine three great names immediately stand out—Bright, Addison, Hodgkin. The early part of the 19th century has been called the age of pathological research, and as at Guy's about this time the practice of post-mortem research was being made general, and not only in particular cases of special interest, partly from a true research point of view, and partly for the purposes of teaching, it is natural that the discoveries made by Bright, Addison, and Hodgkin should all fall into the domain of pathology. Formerly the diseases with which their names are now associated were really quite well known as particular external manifestations of disease, yet their observers had been merely content to note the train of symptoms and go no further. It therefore fell to the lot of our physicians who were not content with this position to observe both the symptoms and the pathological findings, and, more important still, to connect the pathological anatomy with its outward expression. While again these physicians conferred undying fame upon the hospital by having differentiated new diseases, their influence was not merely limited to the fact of having recognised them. While all were recognised as indefatigable observers, perhaps the greater is Dr. Addison, in that not only did he recognise a new disease like Dr. Bright, but he also improved our knowledge of many other diseases entirely by means of his own accurate observation. It has been objected to Dr. Addison that he paid too much attention

to the observation of facts and to diagnosis, and not enough to the unfortunate patients in whom he observed those facts; that objection is easily disposed of by the fact that he had almost a contempt for drugs. Surely his habit of keeping the patient in bed with restricted diet without much in the way of medicines, was infinitely superior to some of the treatments meted out to patients by even well known-physicians of the hospital a few years before.

Comparisons are odious, but it may not be uninteresting to quote two passages from Dr. Mead's "Practice of Medicine," as an illustration of this advance in treatment. As a treatment of disease which he labels iliac passion, Dr. Mead recommends the administration internally of quicksilver in doses up to a pound, and to the relief of accompanying pain in the abdomen, he says a live poppy held constantly to the abdomen in the region of the umbilicus is efficacious. Again, he says, "But the flat-worm requires a peculiar treatment, and, after many years' experience, I recommend the following medicine as very efficacious in this case: take filings of tin and red coral, of each an equal quantity, pound them together into a very fine powder, of which one drachm made into a bolus with conserve of the tops of sea wormwood is to be taken twice a day."

Perhaps it can hardly be said that Addison was the founder of the modern ideas of expectant treatment, but it must be allowed that his method of allowing nature to work out her own salvation in peace and quiet was distinctly an advance upon the old meddlesome treatment. Addison was also a keen follower of Laennec in the use of the stethoscope, and did more, perhaps, by his teaching and practice to bring that instrument into general use than any other Englishman. Even Dr. Forbes, the translator of Laennec's work, says in his preface, *re* the stethoscope:—"That it will ever come into general use, notwithstanding its value, I am extremely doubtful; because its beneficial application requires much time, and gives a good deal of trouble both to the patient and the practitioner, and because its whole hue and character is foreign, and opposed to all our habits and associations. It must be confessed that there is something even ludicrous in the view of a grave physician formally listening to the patient's thorax, as if the disease within were a living thing that could communicate its condition to the sense without. Beside, there is in this method a sort of bold claim and pretension to certainty and precision of diagnosis which cannot, at first sight, but be somewhat startling to a mind deeply versed in the knowledge and uncertainties of our art; and to the calm and cautious habit of philosophising to which the physician is accustomed." It was just "the calm and cautious habit of philosophising" that Dr. Addison in particular did so much to displace, and to bring into general use what Dr. Moxon said was the essence of teaching at Guy's, "to learn things rather than words." Still applying his usual detail to the examination of everything that came within his reach, we see that Dr. Addison improved upon the then knowledge of lung diseases. He accepted the clinical methods of Avenbrugger and Laennec, and applied them most carefully, In his work published by the Sydenham Society there is a very complete account of the use of the stethoscope and its limitations; a list which cannot be improved upon to-day, when we have what are, rightly or wrongly, termed improved instruments. He interpreted clearly and correctly the true pathology of pneumonia; a fact which is quite as remarkable as any other discovery made by him, when we read that he made but little use of the microscope. All the influence exerted by these three men was in showing the profession, which was now thoroughly imbued with the spirit of inquiry, what can be obtained by accurate observation of clinical symptoms and their correlation to pathological changes; they awakened interest in real fact, and stimulated their contemporaries and successors to follow in their footsteps and to discard the old way of approaching disease only from the external symptom side; they taught that the external symptoms were only the manifestation of some internal change, and that this internal change must be clearly known before any real progress can be obtained. To the changed attitude caused by the observations of these pathologists, we may attribute much of the progress effected by English medicine; a progress that was furthered by the researches of their successors whose names are perhaps better known, because more modern and nearer to us, but who, I venture to think, have not had the widespread influence upon medical progress in England.

One cannot leave the physicians of Guy's without referring to the "Perfect Physician," as Dr. Fagge justly called Dr. Moxon. From the contents of the museum, we know how much attention he paid to the scientific side of medicine; from his published papers we know that he was a most accurate observer of clinical symptoms, and from his writings we know how much he realised what the true position of the "perfect physician" means. In 1868, he said—and one can say it was his ideal—"A chief pride of our noble calling is, that in it there is a direct use for every grace of mind or body. We have to be, as it were, resting harbours where the broken minds of the sick may refit with every mental strength, and we must be ready to give aid to each shaken faculty; we must be ready to create faith—that greatest of tonics—for the unbelieving, and hope—that best of timulants—for the despairing; we must find fresh interest for the weary of life, and not merely know a few things that others are ignorant of." That was his ideal; that was what he made himself, and fully earned the title of "perfect physician." He had the true interests of the profession at heart, and all his influence was exerted for the furtherance of those interests. In a paper entitled "Creative Beliefs," which is a neat little protest against the power of beliefs born of nowhere, but living everywhere, he concludes by a warning: "Ingenious men," he says, "with large memories, connect together well-meant quotations, until some far away propositions, uncertainly drawn from uncertain sources, go for the progress of medicine." From that and similar utterances we can gather that, in spite of his detailed know-

ledge of medicine, his mind was not of the character that delights in mere science, and though he may not have added much to scientific knowledge, his influence was nevertheless great; he did more, as Dr. Mead had done before him, to raise the status of the medical man than was achieved by the many scientific attainments certain others had brought about.

Of course, there are many other physicians associated with Guy's whose names deserve to be handed down to posterity for very good reasons. Dr. Babington, who, in addition to inventing the laryngoscope, or glottiscope, as he called it, was the first to give at all approximate analyses of the blood into red blood corpuscles and liquor sanguinis, a distinct improvement upon Dr. Jurin's estimate of "phlegm, oil, volatile and fixed salts and earth." Dr. Golding-Bird, who founded the electrical department, and was the first to demonstrate in England the therapeutical uses of electricity. Dr. Mahomed, who equalled any that preceded him in ceaseless energy, goes down to posterity as the founder of the Society for the Collective Investigation of Disease, not only in England, but in making it an International Society. All these, and others, too, had a not unmarked influence upon medicine in England at the time, but their doings have been forgotten in the excitement nowadays prevalent over new treatments and modern ideas.

In the domain of surgery we have many celebrated surgeons, who gained a European reputation; who were known to be perfect operators, and fearless; whose teaching was so sound and practical that men came from all parts of Europe to hear their dicta and to see their operations. This, no doubt, redounded greatly to the fame of the hospital, but beyond gaining a lifetime reputation for the operators concerned, had not much, if any, influence on the progress of surgery as an art. Surgery does not advance for the benefit of patients by a few well-known operations being brilliantly performed, or by new operations which lead merely to the death of the patient, or even by an improvement in the technique of these operations, provided that no new knowledge is added at the end of the operator's life. While this may be true of the most brilliant of our surgeons, it remains for those whose reputation was not, at the time, so wide-reaching, to stand out as the benefactors of mankind in regard to surgery. The quieter life of John Hilton, I venture to say, has reflected more credit on the hospital, and has done more for the progress of surgery, than all the brilliant exploits of Sir Astley Cooper. Mr. Hilton was not the "pretty man" that Sir Astley Cooper was, but he was a more scientific observer, in spite of his having not much sympathy with scientific learning, and, if I may say so, a more rational man than his contemporaries.

He was the first to observe the relation of nerves to disease—no doubt founded upon his intimate acquaintance with their anatomical distribution—and his treatment by division of a nerve, which by reason of its irritation kept up a cutaneous lesion, was hailed as a discovery. Though many of the theories to be found in his book are not accepted to-day, yet the main foundations are correct, and this little book on "Rest or Pain" still stands as a monument.

The same criticism may be applied to the gynæcological surgeons; for whereas Dr. Blundell gained a European reputation for his operation of vaginal hysterectomy, he contributed nothing to what was already known; vaginal hysterectomy had already been performed on the continent. Beyond being the author of many *bon mots* and aphorisms—a reputation which perhaps did not extend beyond his immediate entourage—we can hardly credit Dr. Blundell with much influence upon gynæcology.

It can be seen, therefore, that the main influence upon medicine in England wielded by Guy's men has always been for the furtherance of the practical side of medicine; things have always been their study, not words, to quote Dr. Moxon again. But we must also allow that while that influence has been well marked in the case of men immediately in connection with the hospital, yet as much influence has been exerted by men trained and brought up in the teachings and practice of the hospital, who were, for some reason or other, not appointed to the staff. There are not a few names, now become almost household words in the various departments of medicine, which might have adorned the scroll of Guy's honour, just as there are not a few names which might have very well been omitted, not that they did not contribute their mite, but that those who ought to have been in their places would have gained more immediate credit for the hospital than the reflected lustre can possibly give. Why these men were not placed on the staff is a question that perhaps cannot be fully answered; but perhaps it may be found to lie in the system in vogue, which allows retention of an active appointment till a somewhat advanced age, and which also by that fact prevents younger men from being appointed till they had already elsewhere found their paths in life; which, again, seems to allow of none but Guy's men—and there personal influence inevitably must step in—being appointed to these positions.

Since the commencement of active investigation into disease in all its departments, it can be fairly said that Guy's men have not only at all times kept in the front line of the march of progress, but have not seldom stepped forward as leaders. Several men have gained world-wide reputations, and have handed down their names to a posterity that will know them as long as the human race exists; and while freely admitting that finality has not been reached by any one of them in his own subject, yet since their actual discoveries nothing really important has been added to their observations.

On the other hand, if we look at the non-scientific side of the influence wielded by Guy's men, it can be easily seen how much has been done for the moral and social side of the profession. When we compare the almost servile position held by medical men before the advent of the Makers of Guy's, we must admit that perhaps even more has been accomplished by the teaching and lives of our eminent physicians and surgeons for the moral elevation of medical men, and the recognition of their just place in society, than for the advancement of the purely scientific side of our profession. We may say with perfect truth that, both from the point of view of the patients and the profession, the hospital was not founded in vain.

The Value of the Pessary in the Treatment of Uterine Displacements.

By Mr. HICKS.

Operations of various kinds have entered into competition with the pessary. Some of these operations have already failed to fulfil their promise and have even now become almost obsolete. I do not intend to enter into the various forms of operation, because they are outside the limits of this short paper, but what we do want to get at is—How far these two forms of treatment ought to compete? There is, perhaps, no direct competition; it is rather that radical operations are indicated when the pessary fails to relieve. I think ventral hysteropexy is the best operation of its kind—and I shall refer to it more fully when dealing with procidentia.

To be of use a pessary must fulfil the following conditions:—

1. It ought to keep the uterus in its normal position.
2. It must relieve the patient's symptoms.
3. It must be comfortable.
4. It must fit properly and cause no injury.

A pessary fitted and looked after properly will fulfil these obligations in suitable cases.

Against pessary treatment it is urged that it is—

1. Inefficient. This statement scarcely needs an answer, because there are hundreds of women wearing pessaries with complete relief.

2. Injurious. A ring or Hodge causes no injury if properly fitted. Zwanke's pessary and intra-uterine stems have no place in modern gynæcological practice. Zwanke's is intended for prolapse, and the wings of the pessary spread out above the pelvic fascia and thus support the uterus. It causes too much pressure and is liable to bring about sloughing and ulceration. I specially mention this instrument because it is still sold by makers in various modified forms. Any pessary, if fitted badly and not looked after, may cause inflammation and ulceration. It is important to recognise how differently the vaginal mucous membrane tolerates these foreign bodies in different patients. In one case a pessary may be worn for months and even years without causing any great alteration in the vaginal mucous membrane, while in another it will cause a severe vaginitis within a week of insertion. The material of which the pessary is made is of course of great importance. India-rubber covered pessaries not only irritate more, but degenerate more quickly than do those made of vulcanite and metal. However, there is no better pessary for use in private practice than the india-rubber covered watch-spring ring with a gelatin pad. It must be taken out once a month, or, better still, the patient can remove it every night and replace it in the morning. Vulcanite pessaries can be left *in situ* for six months or more provided the patient douches herself every night. Vulcanite is the best material for Hodge's pessaries, because it is necessary to keep them in the vagina for long periods.

Here are three examples of vaginal tolerance to pessaries:—

1. An old lady, aged 76, complained of a foul discharge and was thought to have cancer of the cervix. On further examination a hard box-wood pessary was found buried in a sloughing vagina. This was removed and the patient got well. She had no idea that the pessary was there, but she said that she saw a doctor forty years ago for dropping of the womb. The pessary was no doubt put in then and the patient had felt nothing of it since.

2. A woman in my out-patients, at the Samaritan, wore a vulcanite ring for six years with no discomfort other than a slight leucorrhœa.

3. Another woman who came the same afternoon could not tolerate any form of pessary for even a week. A yellow discharge began almost at once, and recurred again on making a second attempt.

Another complaint against the pessary is that the patient is always inflicted with it. This is not always true. I believe that about 10 per cent. of displacements can be cured, and the pessary discarded. This statement applies to the so-called puerperal cases mostly, and if there has been a recent pregnancy one should always hope for a cure. The pessary helps to cure by keeping the uterus in good position, while involution of the uterine ligaments, pelvic floor and the uterus becomes complete. In chronic or advanced displacement a cure will not take place, and the pessary merely relieves the symptoms by supporting the uterus and pelvic floor, and it must be worn permanently.

Sometimes a patient will come back with the uterus retroverted in spite of the pessary being in position, and will declare that she cannot do

without it. This is because the pessary supports the slagging pelvic floor, and relieves the down-bearing discomfort.

The ring pessary is merely a splint which lies a little obliquely in the long axis of the vagina and almost parallel to the plane of the pelvic brim. When *in situ* the highest point of the ring is at the posterior fornix, and the lowest lies against the vesico-vaginal septum. On being inserted the ring always finds its own level, and can therefore be manipulated by the patient herself.

I will not go into details with regard to the mechanism of a Hodge pessary, but merely mention that the upper curve ought to be more marked than the lower, and that the upper curve ought to look with its concavity forwards when *in situ*. While inserting the pessary the upper bar nearly always passes into the anterior fornix, so that it must be lifted beneath the cervix into its proper place in the posterior fornix after insertion.

The object of a Hodge is to lift the posterior fornix in an upward and backward direction. This pulls the cervix in the same direction and thus keeps the body of the uterus in an anti-verted position after replacement. The action of the Hodge is therefore very like that of the utero-sacral ligaments.

Causes of failure in pessary treatment.—A pessary may fail to relieve because it is fitted badly or is applied to an unsuitable case.

The following points are of importance:—

1. A pessary should not stretch the vaginal wall too much. The best test is to pass the finger round the pessary. The tip of the finger should pass easily between the instrument and the vaginal wall. A Hodge should be bent according to the amount of tension required. For instance, if the uterus is lying retroverted in almost a horizontal plane a large curve will be required at the upper end in order to get sufficient pull backwards and upwards on the cervix. Vulcanite pessaries can be moulded easily by smearing them with vaseline and heating in a spirit lamp. The upper end of the Hodge should be wider than the lower end to accommodate it to the vagina, which is more capacious above than below.

2. In all malpositions the uterus must first be replaced and freed from adhesions before pessary treatment can be successful.

3. A lax vagina or an incomplete perineum may make application difficult. This difficulty is overcome by plastic operation.

4. A heavy uterine body or cervix will push out the pessary. As we shall see later on, it is often useless to persist with pessary treatment, both for retroversion and prolapse, if this difficulty is not overcome. We must lighten the uterus by rest in bed, curetting, and amputation of the cervix.

Neuroses.—Nervous manifestations play an important part in the treatment of uterine displacements. Some of these thin neurotic patients will not walk a yard without a pessary, while others cannot tolerate it. There is no hard and fast line to go on in these neurotic patients, but they frequently do well on tonics, rest, and feeding up, and I think it is a great mistake to advise operation as of therapeutic value for patients of this kind. Often associated with neurotic symptoms and displacement of the uterus we find mobility in other organs. How often one sees this class of patient. She is thin, her abdominal muscles are lax, and she may have a femoral hernia. She complains of renal pain as well as uterine. Both kidneys are more moveable than normal. This condition may occur after child-bearing, or it may occur in unmarried, overworked anæmic women. It is useless to operate either on the kidney or the uterus. A suitable pessary will support the slagging pelvic floor and possibly keep the uterus in good position, but it is easy to see that ligaments, fascia, muscles, and cellular tissue have atrophied and lost their tone, and no longer support. One cannot expect that the substitution for these complicated supporting structures by a few sutures is going to effect a cure. Hysteropexy and nephropexy do not benefit these patients in my experience, and one can do far more for them by artificial supports, good feeding, rest in bed, massage, etc. These patients form a large part of the cases in an out-patient department, and they are most difficult to deal with, but much can be done.

We will now turn to the various forms of displacement of the uterus, and discuss the value and failure of the pessary in each case. Anteflexion and retroflexion we will pass over, because these forms of displacement ought not to be treated with pessaries.

Retroversion.—There are two kinds.

a. Retroversion with peritoneal adhesions.

b. Retroversion without peritoneal adhesions.

a. If the uterus is held back by adhesions which are most often the result of salpingitis, pessaries are absolutely useless until the ad-

hesions are done away with. The patient complains of almost constant pelvic pain, which is much worse before each menstrual period. These symptoms are not due to the actual displacement of the uterus but to the chronic salpigo-oophritis and peritonitis. The uterus is bound down, and when premenstrual congestion occurs the pain becomes worse. If the patient can afford the time, rest, hot vaginal douching, glycerin plugging, and potassium iodide given internally may get rid of the adhesions, but she must lead an invalid life. If the uterus then becomes moveable, and can be replaced, a Hodge will keep it in position. It often happens that the tubes and uterus form adhesions with the anterior wall of the rectum, and it may then be possible to antevert the uterus, but this only pulls the rectum forwards, causing great discomfort and pain.

The only rational thing to do is to open the abdomen, free the adhesions, and remove the diseased tubes if necessary. A Hodge should be worn after this operation or ventral hysteropexy be performed at the time of the operation.

It is sometimes difficult to be certain as to whether the uterus is held back by adhesions or whether it is simply held within the grip of the utero-sacral ligaments. If chronic peritonitis is present, the adhesions or the fixed tubes and ovaries may be felt through the posterior fornix, so that the rounded outline of the fundus uteri is obscured, and on attempting to replace it, great pain is caused. A rectal examination will also help to decide the presence of adhesions.

If a sound is passed into the retroverted uterus, and the shaft of the sound carefully rotated so that the point swings round to the front, the uterus will swing over with the point of the sound if no adhesions are present, but if there are adhesions this manœuvre with the sound will be difficult or impossible, and as soon as the rotating force is released the sound and the uterus will at once spring back into retroversion again.

b. Retroversion without adhesions.—The following are the different clinical forms:—

1. There may be simple retroversion without enlargement of the uterus, which may or may not give rise to the symptoms. If the patient complains of a down-bearing pain, and a feeling of insecurity about the pelvis, a Hodge pessary, fitted after replacement of the uterus, will generally give complete relief.

2. *Retroversion with enlargement of the uterus.*—In these cases there is more trouble. In the first place it is not always easy to replace the uterus, and in the second the uterine body may fall back again on account of its own weight and the slackness of its ligaments. Subinvolution is a common cause of this condition, but the enlargement of the uterus may be due to congestion secondary to the displacement, and further, the uterine body may be so tender that the patient cannot tolerate the attempts at replacement.

It is necessary to first get rid of the congestion by rest in bed, hot douching, or even curettage. Under this treatment the uterus will in most cases spontaneously right itself or can be reduced easily. A Hodge will then give the desired relief.

It is very good treatment to curette the uterine cavity, for by removing the œdematous mucous membrane this operation promotes involution, and the fourteen days' rest in bed after the operation will go a long way to effect a cure. In the so-called puerperal cases one may expect a cure in six months if the uterus is supported properly with a Hodge's pessary.

There are some cases of retroversion which will not respond to pessary treatment, for either the pelvic floor is too slack, or the body of the uterus too heavy and tender. These cases should be advised to have an operation, and of the operations I think ventral hysteropexy is the best, but lately the round ligaments, or rather the whole of the broad ligament, have been brought forward by suturing them to the rectus muscle in front. This latter operation has the advantage of there being no direct uterine suturing.

Another difficulty which has sometimes to be met is prolapse of the ovaries. These organs are pulled out of place by the retroverted uterus, and may even get below the fundus in Douglas's pouch. The pessary then presses on the ovaries and causes pain. If the uterus is replaced, and the patient put to bed, the ovaries will rise to their normal place, and a pessary can then be fitted. If this fails, operation is indicated.

Retroversion in single women.—There is a great objection to inserting a pessary into a virgin vagina, and this should be avoided as much as possible. Rest, feeding and tonic treatment will do much. These patients are generally nervous hard-working women. They become anæmic and the uterine ligaments toneless. The uterus falls back and remains misplaced.

If a pessary has to be used one should make frequent attempts to do without it, and as the general health of the patient improves a permanent cure is likely to result.

Prolapse.—A ring pessary is the best instrument to use for prolapse, but it seldom answers except in the early stages, and what has been said about retroversion is also true of early prolapse.

As the deformity progresses it becomes increasingly more difficult to treat with pessaries, until in procidentia vaginal pessaries are almost useless.

As you know, in prolapse sometimes the uterus descends first, turning the vagina down from above, but far more commonly the anterior vaginal wall descends first, with the bladder (cystocele), this drags on the cervix, which then descends, followed sooner or later by the uterine body. The early stages of prolapse should always be treated by ring pessaries, because one can in a measure prevent the displacement from progressing. It is very necessary to look into the local state of the vagina and perineum. A pessary will not stay in a toneless, patulous vagina, and it is frequently necessary to perform a plastic operation to get over this trouble.

When the cervix has already reached the vulval outlet, or has passed it, the case is much more difficult to treat, and one can seldom begin with a pessary straight away. Chronic hyperplasia and elongation of the cervix, and patulosity of the vagina are the chief causes of failure. If a pessary is put in it will probably be forced out again, and we must do something more for this condition before pessaries can succeed.

The difficulties in these cases and in procidentia are alike, so we will discuss the treatment under this heading.

Procidentia is the last stage of progressive prolapse, and I think it is the most important of all the forms of displacement. It may occur in quite young virgins, but it is most commonly met with after the menopause, and is the result of child-bearing and atrophy. The distress which it causes is very obvious, but is much worse in women who have not reached the menopause (because the uterus is still a functional organ), and worst of all in young women. It absolutely incapacitates them from work, and is most distressing.

In young unmarried women I am quite sure the best form of treatment is ventral hysteropexy, or ventral suspension. The cause is probably congenital in origin. I have lately had in Samaritan Hospital a young servant girl, aged 19, who has worked hard, and was thin and anæmic. The uterus was completely prolapsed. Ring pessaries only fell out when put in. I performed a ventral fixation, and at present she seems quite well, and I shall watch the future of the case with much interest. Lately I have had two patients, one aged 34, and the other 39, both in the same condition. The prolapse in their cases was due to softening of pelvic floor and uterine ligaments following rapid child-bearing. They got up after their confinements on the tenth day, and went to hard work, with the result that the vagina and uterus were prolapsed outside the vulva. Their distress was great, and they both said they could not go on in their present state. All kinds of pessaries had failed, and one had had plastic operations performed at a London hospital without relief. Stem pessaries also failed.

I think it is obvious that radical operations in these cases must seriously compete with pessary treatment, and, in fact, must be advised in preference to the pessary, but I am also certain that hysteropexy will fail if it is relied upon alone. It is quite as necessary to deal with the vaginal prolapse, and the enlarged and elongated cervix, as to fix the uterus by ventral hysteropexy. In the cases above quoted I did a posterior-colpo-perinæorrhaphy in order to tighten and fix prolapsing vagina, and amputated the cervix by the flap method to reduce the elongation and weight of the cervix. The abdomen was then opened and the uterus sutured to the back of the rectus muscle. One case has now been done a year and is quite well. The Fallopian tubes in this case were also divided in order to anticipate the dangers of future pregnancies. Of course the immediate and remote dangers of ventral fixation must be placed before the patient, but I think if a woman has a great number of children, it is only right to prevent future pregnancies by section of the tubes, for pregnancy and labour will not only be a danger, but will undo all the good of the operation. Instead of hysteropexy a pessary might be inserted to support the uterus after the plastic operations had been performed, for the simple reason that the uterus no longer menstruates.

In old women procidentia is less distressing. The cup and stem pessaries may be tried, but in my experience they are very disappointing. Of these Napier's india-rubber pessary will sometimes help, but the rigid stems of Cutter's and Barnes' pessary are not desirable, because

the patient may sit on them, which may cause great pain, and they are difficult to manage. However, some patients get on well with these pessaries, while others do not.

Personally, I think that vaginal hysterectomy (a very easy operation in procidentia) is the best form of treatment, but the pelvic floor must be sutured and vessels ligatured to control hæmorrhage. Forceps should not be left on. If the suturing is not done well the vagina will prolapse after removal of the uterus. Plastic operation on the vagina, followed by subsequent pessary treatment, may be tried before radical operation, but the stretching of the vagina will most often progress.

On the whole, pessary treatment of the later stages of prolapse is, with a few exceptions, unsatisfactory, and it is in these cases that radical operative measures have to a great extent limited the use of the pessary. Among the many operations ventro-fixation is the most satisfactory, and gives greatest relief. In this operation the anterior wall of the uterus is stitched to the back of the rectus muscle above the pubes. Two sutures only are necessary, and they should be placed low down in the uterine wall, so that the fundus is free to rise in the event of pregnancy intervening. Although the operation is simple it is not free from dangers. Sepsis, pulmonary embolism, acute intestinal obstruction, have occurred, and some patients complain of a new pain due to the high fixed position of the uterus. Ventral fixation may be successful in curing the prolapse, but when the whole vagina is outside it is frequently found that, in spite of the uterus being held above the pubes, the elongated cervix again appears at the vulva, which is very disappointing. It is therefore best to amputate the heavy cervix and perform some form of colporrhaphy as well as hysteropexy. Perhaps the gravest objection is to the great risk of a difficult labour if the patient should become pregnant. There are now on record a great number of cases in which Cæsarian section was found necessary, and there are at least six cases of rupture of the uterus.

No doubt these dangers are much lessened if the suturing of the uterus is properly carried out, and may be prevented altogether by sterilising the patient by cutting out part of the tubes at the time of the operation. This question of sterilisation must be decided on the number of children the patient has had, and her age. I have seen four cases go through labour subsequent to hysteropexy. The first case had been in labour over twenty-four hours, the cervix remained high above the pubes, and was only partially dilated. The uterus was in tonic contraction, and rupture seemed imminent. Cæsarian section was performed, and a living child delivered. In the other three cases labour was normal, but the uterus in each case had broken away from its artificial moorings. It must not be forgotten that pregnancy occurring in a prolapsed uterus is in itself a great danger to the patient—abortion, incarceration of gravid uterus and sepsis are very likely to occur. Two cases came up the same afternoon to Out-patients. The huge congested cervix was hanging out of the vulva in both cases, and the patients were six months pregnant. Ring pessaries absolutely failed, because the heavy uterus pushed them out directly. One case we took into the hospital, and she aborted but got well, while the other went home and aborted, only to die of peritonitis and septicæmia within ten days.

To conclude, I should advise operation in uterine displacements under the following conditions:—

1. Retroversion with enlarged tender uterus, when a pessary and other palliative treatment fails to relieve, or when held backwards by adhesions. Radical operations are therefore seldom required.

2. In prolapse of the second degree, when pessary and plastic operations fail to relieve.

3. In all cases of congenital prolapse.

4. Procidentia in married women before the menopause, when plastic operations and pessary fail to correct the deformity.

5. Procidentia after the menopause.

On broad lines, therefore, I think it may be justly said that the pessary stands first in the treatment of retroversion of the uterus, and operation should be resorted to only when palliative means have failed, while in prolapse of the third degree the indication for operation is more absolute.

Although our knowledge of the pathology of uterine displacements has of late made great progress, yet authorities differ widely as to the best form of treatment. Some say that the pessary is an obsolete instrument, and would have it relegated to the dust heap. Others reserve it for suitable cases and operate in the unsuitable. Yet a third class condemn operation and rely on the pessary alone. I feel strongly with those who steer the middle course. Mr. Down tells me that the sale of pessaries is steadily on the increase.

The pessary has stood the test of time, and we treat hundreds of women by means of these instruments with complete relief. I do think,

however, that the pessary in the past has not been used with sufficient discrimination. But our better pathological knowledge has now defined more clearly the range of its usefulness.

The Year's Work.

Mr. Finnemore's Department.

The yearly report of the Dispensary and Pharmaceutical Laboratory provides some interesting statistical and general information. Of all our yearly departmental résumés, Mr. Finnemore's is one of the most concise and, in many ways, one of the most instructive as well. Unfortunately, too, it is one of the most ill-treated of reports. No one, we imagine, ever reads it. What becomes of those type-written sheets that emanate from the office is a mystery which we do not pretend to be able to solve. At any rate, they do not come on the library or reading-room tables, and we should suggest that in future they be more prominently displayed, so as to attract the attention of men in and about and around the hospital. For the reading of these departmental despatches is in many ways edifying. It is only by reading and adequately digesting the detailed information they contain that the student can become up to date in his knowledge of hospital economics. Doubtless some readers may say, "Blow hospital economics." But even statistics are useful at times, and those which Mr. Finnemore provides are worth more than condemnation beyond benefit of clergy.

During the past year the total number of attendances at the Dispensary was 206,443; in 1905 it was 199,974, showing thus an increase of 6,469. Placed side by side, our statistical friend informs us, the out-patients will form a line 31¾ miles long, or more than the distance from the Dispensary window to the Guildford Town Hall. There was a slight decrease in the number of medical and surgical cases, but a marked and significant increase in the number of "casuals" and free patients. During the last three years the number of free cases has risen steadily. We do not know the reason of this progressive increase. It cannot be that dressers in the front are becoming more liberal in marking their slips "gratuitous," nor is it probable that the class of patient for which the hospital caters is getting more impoverished. The fact remains that our free list is growing—growing steadily—whatever may be the cause of such increase.

THE FINANCIAL POSITION.

Out-patients contributed £2,170 12s. 1d. in 1906, an increase of some £40 over the previous year's contributions. The total income of the Dispensary was £2,508 11s. 10d., as against £2,453 10s. 2d. in 1905. The expenditure is given as follows:—

	1906. £ s. d.	1905. £ s. d.
Drugs	2,427 0 0	2,893 0 0
Dressings ...	2,760 0 0	2,675 0 0
	£5,187 0 0	£5,568 0 0

a nett decrease of £381, which is eminently satisfactory.

"The year 1906," remarks Mr. Finnemore, "has been an exceptional year in that, although patients have been more numerous, and the amount of material bought has increased, the cost has decreased. This is due in many instances to a lower price obtaining. Potassium iodide, for example, has cost about 5s. a pound less in 1906 than in 1905. In 1905, 1¾ cwt. was used at a cost of £124; whilst last year 2¼ cwts. were used, and cost only £104. Similarly, other iodides and iodoform were cheaper. Potassium bromide was bought at the lowest price recorded—9d. per pound. Quinine sulphate also fell to the abnormally low price of 8½d. per ounce. As regards bismuth salts, 273 lbs. cost £86, as against 252 lbs. costing £108 in 1905. Methylated spirit is cheaper now than ever. Since making the contract last April the price has fallen 3d. per gallon (from 1s. 8d. to 1s. 5d.), and the holders of the contract have been good enough to reduce their price by that amount. Practically the only article dearer in price was camphor, owing to disorganisation of Japanese industry by the late war. Malt extract was used after mixing either with iron or with cod-liver oil to the extent of ten tons, and the cost was £260. One sample sent was rejected as adulterated with glucose. Antidiptheritic and antistreptococcic sera cost £95. Oxygen cost £65, or 2s. 2d. per cylinder, which price may be compared with the 5s. per cylinder paid five years ago. At the higher price the quantity used last year would have cost £140. The present price includes the hire of cylinders, and it may be desirable to consider the question of purchasing our own cylinders. Of these 75 would be required at £1 each, in which case the oxygen for last year would have cost £47, and the gross saving would have been £18."

ANTISEPTICS, ANÆSTHETICS, AND DRESSINGS.

In 1905 we spent £368 17s. 11d. on antiseptics; last year our bill totalled £328 1s. 4d.

"The decrease in cost, as compared with 1905, is £40 16s. 7d. It may also be noted that antiseptics last year have cost about £130 less than in 1901, although the quantity used has greatly increased. This is partly due to the fact that at that time the makers of Lysol had practically a monopoly, and in consequence the price was high."

It is interesting to note the fashion in antiseptics, so far as Guy's is concerned. We are using less boric acid, chinosol, and carbolic acid than we used to. Glutol appears to have become an antiquated curiosity. It is

still to be found in the wards, where it is apparently never used. In 1905 we found some use or other for 4 lbs., which cost the hospital £5. Last year we did not use any at all. On the other hand, cresol (notwithstanding its unpopularity with dressers) maintains its position as second on the list, lysol being easily first with 600 gallons. Formaline shows a slight increase of 644 lbs., as against 570 in 1905. So, too, we used 42 lbs. of iodoform in 1906 and 28 lbs. in the previous year, and 66 lbs. mercuric chloride, as against 28 lbs. in 1905.

The anæsthetic bill shows a decrease of £17 in cost as compared with 1905. We used, in 1906, double the quantity of gas we used in 1905, while all the other anæsthetics show a slight decrease. This is most marked in the case of somnoform and ethyl chloride, both very expensive anæsthetics. The former has dropped from 12 tubes in 1905 to none in 1906; the latter from 528 tubes to 350 tubes.

Coming to dressings, the total expenditure has been given above. It shows a slight increase, which is explained by the increased requirements. Thus, during the year, we used 12,770 yards of bandage-cloth—our statistical friend says enough to have paved a highway reaching from the hospital gates to Honor Oak Park ground. Of made-up bandages, grey and white, we used nearly 264 miles; of gauze dressings, nearly 50 miles; of lint, 99 cwt.; of gauze tissue, 2½ cwt.; of G.P. tissue, 416 lbs.; and of wool and tow more than eight tons! There is, however, a marked decrease in the amount of felt and of the expensive poroplastic bought. Robinson's dressing no longer figures on the list. Mead's strapping cost £5 15s. (£4 8s. in 1905), and cellulose wadding was but little used.

> "The decrease in cost as compared with 1905 is £228 15s. 3d. With regard to surgical dressings, a great deal of difficulty has been experienced in obtaining supply promptly, especially of bandages and gauzes. It appears that when trade is brisk and the spinners have plenty of work for their mills, there is a natural disinclination on their part to weave such thin materials as gauzes, etc. The difficulty in keeping an adequate supply of surgical dressings is enhanced by the fact that from exigencies of space there is room in the dispensary stores for only about a fortnight's requirements, and we are therefore dependent on the prompt delivery of dressings when ordered. The Hospitals and General Contracts Co. have caused the most trouble in this respect; two and three weeks have elapsed before delivery has been effected.
>
> We have had occasion to return several deliveries of grey wool as not up to sample, and white absorbent wool has also been rejected when "interleaved" with paper. Each pound roll so treated was found to contain 14 ounces of wool with 2 ounces of paper. Tow has also been returned as being inferior to sample. It would appear that in tendering for dressings some firms are apt to submit a better sample than can be supplied for the price quoted, in the hope that when the bulk is delivered of inferior quality the difference will not be noticed."

THE PHARMACEUTICAL LABORATORY.

During the year the dispensary gave out 4,600 gallons of lotions, 10,640 gallons of mixtures (of which the useful Mist. Acidi Co. accounted for 3,500 gallons, and the equally popular Mist. Onymel Co. for 1,200 gallons), more than 4 miles of plasters, 1,030 gallons of syrups, and 40,000 syphons of soda water. Over 3 tons of sugar were used in the manufacture of syrups, and more than a ton and a half of honey, at a price of £34, was needed for compound onymel mixture. Some 450,000 pills were given out, and more than 50lbs. of lozenges. Mr. Finnemore's notes on some points are useful.

> "Compound syrup of phosphate of iron has been made to the extent of 16½ cwts.—the largest recorded quantity.
>
> *Tinctures.*—A very noteworthy decrease has taken place in prescribing these by the Out-patient officers. A few years ago such tinctures as compound tincture of cardamoms were prescribed in half drachm or drachm doses at a cost of 3d. to 6d. per patient per week.
>
> Regard being had to the large amount of responsibility resting on those officers as to the cost of the drugs, etc., prescribed, it would seem very desirable to draw up for their information a simple memorandum calling attention to the comparatively high price of such articles as potassium iodide, bismuth preparations, and alcohol in any form, so that they may, in the words of the Preface to Guy's Hospital Pharmacopœia, "choose the cheaper rather than the dearer drugs in cases where both seem of equal therapeutic value."
>
> During the year sundry alterations have been made in the Laboratory in order to cope with an ever-increasing amount of work, and to bring it in line with modern requirements. Mention may be made of the tablet machine installed, by means of which most of the substances formerly administered as pills are now compressed into tablets. As an example of the demand on this machine, it may be stated that during the two months it has been in use 124 lbs. of tablets have been made.
>
> Among the drugs which have been returned as inferior to sample have been cinnamon bark, rhubarb root and honey. With regard to one barrel of honey, there was a fear that its peculiar bitterness might have been due to some poisonous ingredient, as cases of poisoning by foreign honey have been recorded. It was not found possible to extract any poisonous principle therefrom.
>
> It may be pointed out with respect to drugs ordered in bulk that while the detection of substitution of inferior qualities is comparatively easy when supplied in a crude condition, their detection is

much more difficult when made up into preparations, and in some cases absolutely impossible."

The report is interesting and instructive. If the dresser pondered these statistics and realised fully what front surgery extravagance means, a good deal might be done in still further bringing down the dressing bill.

Reviews.

The price of books submitted for review should in every case be stated.

The Medical Annual for 1907. Pp. lxxxvi. and 700. (J. Wright & Co., Bristol.) 7s. 6d.

This well-known annual has now lived for a quarter of a century, and still continues to increase in value, but not in price—there are few publications which would be so sorely missed as would the Medical Annual if it were to cease to exist. The present volume is fully up to the high standard established by its predecessors, and should —literally—be on the shelves of all practitioners. The common complaint of the general practitioner is that he cannot keep his reading up; the Medical Annual will do it for him, as it is an excellent and complete digest of all the principal medical writing of the past twelve months.

In reviewing last year's issue we complained that it contained no general remarks on cancer, so that we are very glad to see that the editor has followed our implied advice in the volume before us. An excellent and very full article on Cancer has been written by Mr. Sampson Handley, whose recent work on the subject is so well known, and in it we find both treatment and pathology well discussed in the light of all recent work which has been published in England and America.

The plates are again a very good feature of the volume, and the stereoscopic ones are very successful—especially those which depict a radical operation on the frontal sinus; these plates form a striking contrast to the corresponding set of plates in last year's volume, which gave a very poor idea of a radical mastoid operation. The submucous resection of nasal spurs is well described by Mr. Watson Williams, and good *résumés* are given of Mr. Cheatle's articles on Epithelioma of the Lip, and Mr. Butler's writings on Cancer; but we think that many will be surprised to see a belief expressed that Tertiary Syphilis is occasionally contagious. Mayo Robson protests against the modern fashion of *always* removing the gall-bladder when operating for gall-stones, and a short account (which might have included more references) is given of the treatment of œdema by excluding salt from the diet.

Two gorgeous plates are given of the absorption spectra of various coloured urine; and the usual abstract of the various legal decisions of the year which can affect medical men closes an extremely useful volume which needs no praise of ours—it is invaluable.

Change of Address.

Lieutenant R. Grenville Anderson, R.A.M.C., from Gibraltar to Egypt.

Lieutenant A. M. Benett, R.A.M.C., from S. Command to Portsmouth.

Captain C. R. Evans, R.A.M.C., from York to Newcastle-on-Tyne.

Mr. H. W. Graves-Morris, L.D.S., from 8, Dunstable Road, to Malvern House, Upper George Street, Luton.

Mr. F. Morris, L.D.S., from Worcester to 204, Wolverhampton Street, Dudley.

Dr. Morgan J. Rees, from Brook Hospital, Shooters Hill, to Aberdare, Glamorganshire.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

Appointments.

Naval and Military.

Surgeon H. G. T. Major, R.N., has been appointed to the *Hood*.

The undermentioned Lieutenants, R.A.M.C., are promoted to the rank of Captain:—A. C. H. Gray, M.B., F. M. M. Ommanney, S. L. Pallant, M. C. Wetherell, M.D., and A. C. Osburn.

Papers by Guy's Men.

On Cysts of the Pars Ciliaris Retinæ. By A. R. Brailey, M.C., F.R.C.S.—*Lancet*, 30th March, 1907.

Notes from Germany on the Value of Röntgen Rays in Medical Diagnosis (Illustrated). By Arthur F. Hertz, M.A., M.B., M.R.C.P.—*The Practitioner* for April.

With Mr. Arbuthnot Lane at Guy's Hospital.—*The Clinical Journal*, 27th March, 1907.

On the Excretion of Nitrogen, Creatinine, and Uric Acid in Fever. By J. B. Leathes, F.R.C.S. Eng.—*The Journal of Physiology*, 25th March, 1907.

The Lumleian Lectures on Insanity; its Causes and Increase. By G. H. Savage, M.D., F.R.C.P.—Lectures II. and III.—*British Medical Journal*, March 23rd and 30th, 1907.

From the Gazette's Special Pathologist.

NOTICES.

P.A.P., Goodmayes.—No tubercle bacilli have been found in the centrifugalised deposit from this sputum. The specimen is almost non-purulent in character.

H., Ramsgate.—The centrifugalised deposit of this urine contains uric acid crystals in considerable amount, with much excess of mucin, one or two red blood discs here and there, and the usual urinary cells. There is no trace of pus, nor are tube casts found.

PATHOLOGIST.

Sport.

Inter-Hospital Boxing, Fencing, and Gymnastics.

The Annual Display.

On Saturday, March 23rd, the United Hospitals Boxing, Fencing, and Gymnastic Club's annual competitions took place at the headquarters of the "Artists," in Duke's Road, Euston Road. Representatives were sent from Guy's, St. Bartholomew's, University College, and the London.

The programme commenced with the first rounds of the boxing, and at about a quarter to eight two feather-weights took the ring, R. King, of Guy's, and H. W. Hills, of University College.

Hills had some advantage in height and reach, but was not so strongly built as his opponent. In the first round King did most of the leading, and landed almost immediately well on his opponent's face. Hills' defence improved, but King continued to score, and despite receiving one or two body hits he found the mark several times, one blow shaking his opponent considerably. He had decidedly the better of the opening round. Hills was brisker in the second round, and commenced with a good body blow, but King was soon on the objective again. Hills making use of his reach found King's chest and face, but he was more distressed than his opponent, and received a lot of punishment towards the end of the round. In the last round King's better training stood him in good stead, for after receiving Hills' right in his face at the commencement of the round he did all the leading and landed on the University man's mouth and chin several times, shaking him badly. Towards the end of the round the fighting became rather more desultory, but King always had the upper hand and the verdict went to him. The bout was very good and clean, and there was no clinching throughout.

In the light-weight competition E. A. Goddard, of University College, did not put in an appearance, so the middle-weights took the field, E. C. Clouston, of London, opposing D. O. Twining, the London Devonian's half-back, of University College. Twining, who looked stronger than his opponent, led off, but Clouston was quicker, and after landing with his left three times at the start had the best of some desultory fighting which ensued. Twining landed twice on his opponent's face, but received a strong right from Clouston. Subsequently the University man showed marked cleverness in eluding his opponent's blows, and was giving more than he got at the end of the first round. Twining dashed in and scored at the beginning of the second round, and, after eluding the return, landed twice heavily on Clouston's face. The latter, though showing the effect of punishment, got well in with his right, and making the most of his reach he compelled his opponent to act mainly on the defensive, and got in several times towards the end of the round. Twining went in again as the third round commenced and did some clever footwork, but Clouston was doing most of the hitting, and using his reach to advantage he shook Twining with three heavy face blows. Twining slipped him cleverly once, but could not guard against his opponent's straight left, and though lasting better and improving towards the end of the round his defence was imperfect, and Clouston was declared the winner. He had shown better generalship throughout, and both were fought almost to a standstill when time was called.

In the fencing, which came next, there were three competitors, so each of the first strings opposed each other in turn, M. E. Vlasto, of University College, not putting in an appearance. Unfortunately for Guy's, Haycraft, last year's winner, was indisposed and not in his best form. He commenced by opposing C. Gibson, of the London. Haycraft did most of the attacking and was cleverer in his methods, but Gibson defended well at first, and later used his superior weight to advantage. Seven touches were registered against Haycraft and three against Gibson.

When Haycraft opposed V. W. C. Wakeford, of St. Bartholomew's, he found a weaker defence against him, and showing skill in parrying his opponent's lunges, he was touched only twice, his opponent seven times.

The bout between Wakeford and Gibson was very close. Gibson had the advantage of reach, but Wakeford was quicker. Gibson did most attacking and landed home several times before change of ends. After establishing a lead he took things more easily, and was content to defend, and Wakeford touching him more than once, Gibson had six touches adjudicated against him and Wakeford seven.

The bouts were judged not only by the number of hits, but also by the style displayed, and the judges placed Gibson first, Haycraft second, and Wakeford third.

There were three entries also for the second strings of the fencing, and in the first bout P. Silvanus, of Guy's, opposed S. H. Scott, of the London. Scott, the taller of the pair, showed a quicker and more decisive style, and touched Silvanus several times before change of ends. Subsequently Silvanus displayed more energy and pierced his opponent's defence more than once, but the verdict went to Scott, who was touched three times; two less than his opponent.

H. S. Blackmore, of University College, was the other competitor. In his bout with Silvanus the latter exhibited better style than previously, but several of his lunges were adjudicated too low, and Blackmore, the steadier foiler, was touched but four times against the seven of the Guy's man.

Finally, Scott opposed Blackmore. This was a particularly well-contested bout, touches were frequent and awarded almost alternately against one side and the other. Scott's more forcible and decisive style, however, gained him two touches towards the close of the bout, and he won by six to eight.

The judges placed Scott first, Blackmore second, and Silvanus third.

The second strings of the singlesticks preceded their seniors and presented the next item on the programme. Owing to the absence of Vlasto, H. L. N. Duke, of Guy's, and B. Varrill, of London, were the only competitors. The best of three hits was fought for, and Duke's strenuous style gained him the verdict by three to nil in less than half a minute.

The first strings decided their competition in the same way as the fencers, each opposing an opponent in turn. There were four competitors, S. H. Scott, the victor of the second fencing, R. S. Oram, of Guy's, and H. S. Blackmore, and V. W. C. Wakeford, who had also competed in the previous event. The opening bout was one in which Oram opposed Scott. Oram scored the first point by a lunge, which the judges objected to. On considering the matter they agreed to allow lunges, but the bout was to commence again. Scott scored thrice to Oram's once and won, but the Guy's man must be considered unlucky, not only because his first point was disallowed, but also because an objection of his against Scott's second point, sustained by the judges, was overruled by the referee.

Wakeford defeated Blackmore by three hits to nil, and Scott, as progressive and vigorous in style in singlesticks as in foiling, also registered three to one against Blackmore. Oram, who this time did more attacking, defeated Blackmore by the same score. Scott, using his long reach to good advantage, beat Wakeford pointless, but Wakeford beat Oram by three hits to two.

	S	B	O	W	Total.
Scott	—	W	W	W	3
Blackmore ...	L	—	L	L	0
Oram	L	W	—	L	1
Wakeford ...	L	W	W	—	2

The victor in the first strings, therefore, was Scott, who had fought thrice without defeat; Wakeford was second, and Oram third. Duke won the second strings.

While the Fencing and Singlesticks had been decided in the Ring, the Gymnastic Championships were being competed for in another part of the Hall. Guy's were represented by W. Hunt and J. Bromley, University by L. B. Benjafield and W. Wallace, and London by H. Neame and G. Beresford. Exercises were required on the Horizontal and Parallel Bars, the Vaulting Horse, Rings, and Rope, while marks were also given for other exercises which the competitors might each choose. The Horse Exercises were very easy, and gave but little chance for display. The Guy's representatives showed excellent form throughout, and won somewhat easily. By the courtesy of the judge we are enabled to give the detailed marks awarded for the various performances:—

	Rings.	Rope.	H. Bars. i.	H. Bars. ii.	P. Bars. i.	P. Bars. ii.	V. Horse. i.	V. Horse. ii.	Voluntary. i.	Voluntary. ii.	Total.
Benjafield	8	8½	5	8	9	7	9	8	6	9	77½
Beresford	8	7	8	8	7	8	9	7	6	8	76
Bromley	9½	10	8½	10	6	10	10	10	9	10	93
Hunt ...	9	10	8	8½	9	9	10	8	9	10	90½
Neame ...	8½	9	8½	6	8	9	9	7	8	7	80
Wallace	5	6	3	3	7	6	7	7	5	7	56

The judge expressed his especial appreciation of Bromley's performance.

The evening was concluded by the Finals of the Boxing, and the Feather Weights, as before, preceded their heavier *confrères*. The Final lay between R. M. King of Guy's and T. Richardson of the London. The latter looked the stronger man, and had a slight advantage of reach.

At the start Richardson came in very quickly and displayed fine footwork, and using a strong straight left, he found his opponent's body several times. A renewed attack was promptly replied to by King, who went in and had rather the better of some hammer-and-tongs punching, which concluded the first round.

At the commencement of the next round Richardson again went rushing in, and made the best advantage of his superior strength. At first King got in some good face blows which Richardson seemed to feel, but subsequently the latter went repeatedly through his defence, and the round closed with Richardson scoring fast.

In the third round, Richardson's fine hitting power still stood him in good stead, and only King's resolute defence and good condition saved him from further punishment. Towards the end of the round the London man tired somewhat, and King found his opponent's face several times with his left, but Richardson's body punch still came in frequently, and though weakening he still had enough points in hand to gain him the verdict.

This was, perhaps, the hardest fought bout of the competition, and roused the spectators to the highest degree of enthusiasm.

At a quarter past nine the two heavy-weight competitors took the ring, P. H. Bahr of the London, and M. M. Adams of Guy's. Both appeared well trained, but Bahr was much the heavier man. Bahr led off, and throughout the round did most of the attacking. Adams got in almost as many times as his opponent, but his blows lacked strength, and though he several times slipped away and managed to avoid punishment, Bahr's blows told on him.

In the second round, the London man got in twice heavily at the commencement and Adams' strength rapidly failed. He kept his head down too much, and, fighting more slowly than his opponent, came in for a lot of punishment, for he was now, when driven to the ropes, not quick enough to elude Bahr's attacks.

Adams fought on in the third round with splendid gameness, though he showed the effect of the heavy punishment he had received, and with Bahr slowing down as well, he used his left to good purpose. Any advantage he gained the London man was now too tired

to follow up, and the fight concluded with both fought almost to a standstill and the verdict to the stronger man. Adams deserves special commendation for the plucky way he stuck to his opponent.

In the final of the light-weights C. Raymond, of the London, opposed E. Barnett of Guy's. Raymond had a decided advantage in height and reach. The first round was rather slow, but Barnett was quicker and cleverer in holds, and got in more than one good body punch with his right. The pace quickened up a little towards the end of the round, and with Barnett leading well on his opponent's face he finished the round with a slight advantage.

Raymond led off and got in at the beginning of the second round, but Barnett countered heavily on his face, and exhibiting better generalship and greater quickness in taking advantage of openings he rapidly scored twice more with his left.

In the third round Barnett did almost all the leading and landed with his right high and hard on Raymond's flank. Subsequently he delivered telling blows on his opponent's neck and chin and exhibited great cleverness in eluding the returns. There was much less straight hitting in this than in any of the other bouts, and the Guy's man's superior generalship gained him an easy victory.

The last bout of the day was the final of the middle-weights, when E. C. Clouston, of the London, opposed H. E. Perkins, of Guy's. Perkins was giving away a lot in weight and reach, and the London man did most of the leading and found his opponent's face more than once at the start. Perkins fought gamely and displayed good judgment in holds, and though his defence was hardly strong enough he evaded any considerable degree of punishment throughout the first round.

The Guy's man fought splendidly in the second round, landing several times with his right on his opponent's face, and had it not been for Clouston's repeatedly coming into holds, which gave him time, he must have received greater punishment. He seemed to be feeling the effect of his earlier bout.

In the last round Clouston came in and forced the pace, and Perkins, who kept his head rather low, came in for several hard blows from Clouston's left. The London man drove him to the ropes and scored freely, but Perkins on getting free got in once with his left. He was, however, giving away too much in reach to score much, and the verdict went to Clouston.

With their victories in three of the four boxing events, in the fencing, and in the first strings of the singlesticks, the United Hospitals Trophy went to the London, with a total of 19 points, Guy's being second with 17.

The arrangements and organization, which were in the hands of Mr. E. P. Minett, were most successful, and there was no hitch in the programme throughout the evening.

Association Football.

GUY'S v. LONDON.

Final Inter-Hospital Challenge Cup.

Result: Guy's, 2; London, 1.

The fate of the "Soccer" Cup for another twelve months was decided at Winchmore Hill, on Monday, March 18th, it being restored to its old resting-place in the Smoke-room—from which it had been taken a few hours previously—there to bring gladness to the heart of all Guy's "soccer" men especially, and also to such others as welcome another Guy's success. The number of spectators at the match was quite a small one, and this was due, no doubt, to the fact that Winchmore Hill was selected instead of Chiswick, a decision which certainly did not meet with a great measure of favour amongst Guy's men, and one cannot help thinking that the U.H.A.F.C. would have benefited more had they chosen the latter, in spite of the fact that half the gate only would have been their share. The elements were all against good football, there being a powerful sun and a strong oblique wind to contend against, and these factors, combined with a light ball, were bound to affect the standard of play. Pedrick was lucky with the spin of the coin, and elected to play with sun and wind in our favour. From the kick-off Whiteley secured, and, making an excellent run, sent in a lovely shot which deserved to have met with success, but the wind was too strong. London retaliated almost immediately, Morgan feeding Paget-Tomlinson, who ran more than half the length of the field and put across a good centre, which had our backs beaten, but Pedrick came to the rescue and effected a timely save. The game was contested at a capital pace, and each end was visited in turn, but we were dangerous much more frequently than were London, chiefly because our halves knocked all the combination out of the London forwards, and also looked after the interests of our forwards in no mean manner. The London goal-keeper was kept busy, and saved his side repeatedly, while the wind carried the ball over the line time after time from a too vigorous pass. A quarter of an hour had passed before a goal came, and this fell to Guy's. Zorab put the ball well up the field, and Whiteley, following up smartly, had it in the net before Watson could get to it. London made another raid on our goal, but Wood came out and cleared well. Boxall missed several chances on the extreme left by not making due allowance for the wind, and his centres were frequently carried to the opposite line. The same remark applies to some corners which he took. Barnett, Whiteley and Witts making a good run, the latter looked a certain scorer, but the goalkeeper dived at the ball and secured it, Witts falling over him. This was easily the best save of the match. King on the extreme right gave Field, the opposing half, a busy time, but it was very difficult to get the ball across, such was the force of the wind. During this half we were certainly

good value for at least three goals, but we could not score again, and when the whistle sounded at half-time our prospects seemed none too rosy.

London claimed more of the game in the second half, but they spoiled their chances by allowing the game to be on the right almost entirely, with the result that the ball was frequently out of play, and it was more difficult to score from that side because of the wind. Wood had more to do now and brought off some good saves. Guy's pursued a wrong policy in that they played a defensive game, whereas an aggressive game would have been much more profitable, as was brilliantly demonstrated near the end of the game. Denning worked especially hard at this stage of the game, as also did Zorab. The London forwards were frequently within shooting distance, but they did not trouble Wood as often as they might have done. About ten minutes from time Paget-Tomlinson (who had previously changed from outside to inside right) made a fine run and gave Morley (outside left) an excellent pass which he had no difficulty in turning to good account. With the scores equal, the chances seemed to be in London's favour, but Guy's soon dispelled that idea. From the kick-off Whiteley took the ball down on his own and, centreing accurately, Barnett headed through, so that we were again one up in less than a minute. The remaining few minutes were very exciting, but our defence prevailed, and we retained possession of the cup for another season.

Hearty congratulations to Pedrick and his men upon their success. Having previously won the "Rugger" Cup from London, it was very satisfactory to record another success, thereby claiming both Senior "footer" cups this season. Individually and collectively, Guy's were the better team, and deserved their victory, but, despite their superiority, there was a time when they looked like being deprived of a just reward. The best feature of the match was the skilful work of our halves. Denning worked very hard, and he fed his forwards beautifully. Zorab also played brilliantly, and he was always "top sawyer" on his wing and gave Barnett and Boxall passes galore. Pedrick also was good, and accomplished any amount of solid work, but he did not give us that brilliantly attractive display which he is capable of demonstrating, as, for example, against Bart.'s in the semi-final. Truly the strength of the team lay in the half-back line. The backs opened rather shakily, but improved as the game progressed, and played a hard, plodding game throughout. "Robbie" always had to keep his eye on Paget-Tomlinson, who was much the best of the London forward line. Wood, in goal, played soundly, and he cannot be blamed for the goal scored against him. Our front rank showed a very intelligent understanding, the inside men playing very pretty football, Barnett and Whiteley being especially enterprising. Barnett's winning goal was a capital effort, although to Whiteley must be given the praise of taking the ball up the field and of slinging across a good centre, but, good as it was, it would have been thrown away had not Barnett followed up, or if he had followed up too eagerly, but he kept a cool head and we get the cup! King worked hard during the first half, but was practically starved for the remainder of the game. Boxall, on the extreme left, had numerous chances given him by Barnett and Zorab, but he did not utilise his speed as he ought to have done. Of course, it must not be forgotten that he was playing in an unusual position, and this, doubtless, told against him greatly. Although the conditions of the game were not such as suit Witts best, nevertheless he played a good game, the combination between Whiteley and himself being better than usual.

For London: Paget-Tomlinson, at outside right; Field, the left half; Tucker, the right back; and Watson, who kept goal in excellent style, showed capital form. "Pat" Harrower was in his usual excellent good form, and he looked after the game well. So ends another hospital "footer" season! Team:—

Guy's.—C. A. Wood (goal); H. R. Bastard, E. G. Robertson (backs); P. V. G. Pedrick, A. F. W. Denning, A. Zorab (half-backs); R. M. King, C. Witts, W. F. Whiteley, E. Barnett, W. B. Boxall (forwards).

Births.

HARDENBERG.—On March 25th, at Duffield House, Watford, the wife of E. F. H. Hardenberg, M.B. Lond., M.R.C.S., L.R.C.P., of a son.

MURIEL.—On March 15th, at 109, Scotch Street, Whitehaven, the wife of G. Bertram Muriel, M.B., B.C. Cantab., M.R.C.S., L.R.C.P., of a daughter.

PEALL.—On March 24th, at St. Brelades, Goodmayes, Ilford, the wife of Percy A. Peall, M.B. Lond, M.R.C.S., L.R.C.P., of a daughter.

SHEPHERD.—On February 1st, at Annery, Darling Point, Sydney, the wife of Staff Surgeon Cyril Shepherd, R.N., of a daughter.

TAYLOR.—On March 20th, at 35, Nicholas Street, Chester, the wife of J. G. Taylor, M.A., M.D., M.R.C.P., of a daughter.

Marriage.

WEEKES—MURDOCH.—On March 30th, at the Parish Church, Lenzie, N.B., by the Rev. William Brownlie, M.A., Charles Peterson Weekes, F.R.C.S. Edin., only son of William Tucker Weekes, of Elmwood, Sutton, Surrey, to Margaret, fourth daughter of William Murdoch, of Leebank, Lenzie, N.B.

Deaths.

ATKINS.—On March 9th, at Sutton, Surrey, Francis Day Atkins, M.R.C.S., L.S.A., aged 60.

CHARLES.—On March 30th, at Iscoed, Swansea, Henry Evans Charles, M.R.C.S. Eng.

TUOHY.—On 19th January, at Kamptee, India, Captain W. E. J. Tuohy, Indian Medical Service.

Ed.—C. L. L.

GUY'S HOSPITAL GAZETTE.

VOL. XXI., No. 491.] APRIL 20, 1907. [SIXPENCE.

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Death of a Governor.

THE death of Mr. ALBERT PELL is a very serious loss to the Hospital.

He was elected a Governor in the year 1882, and during the whole ensuing period, up to within a few weeks of his death, he took an active interest in the management of the Institution.

Upon the formation of the Estates Committee in 1896, he was at once chosen its Chairman, and had the satisfaction of seeing, before he died, a very marked improvement in the condition of the landed property of the Corporation.

Mr. Pell was educated at Rugby, and Trinity College, Cambridge, having as a schoolfellow a former President of the Hospital, the present Lord Aldenham. He was at the time of his death a D.L. of Cambridgeshire, and a Magistrate for Northamptonshire and Leicestershire, for a division of which latter County he was M.P. for seventeen years, retiring from Parliament in 1880. As an authority on agriculture he had few equals, and was a prominent figure at the meetings of the Central Poor Law Conferences. Born as far back as 1820, he retained to the last an energetic temperament, and a most independent mind, holding his own with courteous firmness, and fearing no man.

May others like him always be found on the Governing Body to help forward the best interests of the Hospital and its property.

Passim.

ON Friday, May 3rd, Dr. Taylor will go round his wards for the last time before retiring from his post as Senior Physician to the Hospital. Tea will be served in Addison at four o'clock, and the Ward Sister and the House Physician will be glad to welcome all members of the old Taylor firms who can arrange to be present at the farewell "going round" of their old chief.

DR. D. DAVIES, of Bryngolwg, Aberdare, who has just retired from the post of Medical Officer of Health to the Aberdare Urban and District Council, is one of the few octogenarians in the profession whom we may claim as Guy's men. He was born in 1821, and received his medical education at Guy's Hospital and in Dublin. Here he took the F.R.C.S. and L.S.A., and soon after his qualification started practice at Aberdare, where, in 1855, he was appointed to the post he has just resigned. When he first took up practice there was only one carriage in the Aberdare valley, an Irish gig, owned by the then Lord Aberdare. There was, says Dr. Davies, no sewage system, and the railway had not been built. During the fifty years in which he has been connected in an official capacity with the local urban council, Dr. Davies has taken his share in the improvement of the district, and to-day Aberdare is one of the

"most hygienic of western towns." We offer our heartiest congratulations to Dr. Davies on his splendid record.

Some of the members of our consulting staff are proving that although retired from active service they are yet capable of great feats. To Dr. Pye-Smith's excellent article on "Prognosis," which appears in the current number of the *Bristol Medico-Chirurgical Journal*, we need only refer to draw the attention of those who have not seen it. Now, too, a correspondent writes to tell us that one of our consultants has been doing great deeds in another line. "On Friday last," he writes, "our consulting oculist won a very fine point-to-point race over the Hambledon country. It was a splendid performance, as the course is a pretty stiff one. He beat one of the best riders in the Army, who was mounted on a horse that had won a good many races and started a hot favourite. Everybody was delighted to see the "gallant doctor" win, and I feel sure that all true sportsmen at Guy's will drink his health, and that of his good steed."

The Medical Registrars have shifted their quarters. Instead of amicably sharing the same room, and listening to the music of the cetrifuge, vigorously worked by an enthusiast in the Out-Patient Department, they have been divorced from each other, and now occupy separate rooms. Dr. Bell Walker is housed in a room on the first floor, next to Addison. Dr. Mann's shrine we have not been able to locate, but we believe that he burrows somewhat higher, half hidden by piles of old reports, and more or less absorbed in his Riva-Rocci.

The old Medical Registrars' room is in the hands of the builders. Dust and workmen are all over it, and no one, not in the know, can foretell what is going to happen to it. The old room was a convenient one, and suited its purpose, but it had undeniable drawbacks. It possessed no lavatory accommodation beyond a couple of wash-hand basins, in which forward clerks have been known to decolorise tubercle films.

The Bright ward vacancy has been filled by the appointment of Mr. Rowlands, who resigns his appointment as Out-Patient Officer to take up the post of Medical Officer in Bright Ward.

We are asked to state that the Thirteenth Annual Dinner of the Guy's '89 Club will be held at the Hotel Cecil, on May the 8th next, at 7.15 p.m. Mr. H. W. Beach will be in the chair.

We publish in this issue an interesting paper on "The Decline in the Birth Rate," read before the Physiological Society during the past session by Mr. T. Stout. The paper, which is certainly one of the most thoughtful and interesting essays which the society has ever been invited to discuss, gave rise, we understand, to a lively debate. Its controversial character is, indeed, so apparent that we should be surprised if some of our readers have nothing to say against it. Statistics may be made to prove "almost anything," and Mr. Stout has used his available statistics to good purpose in clinching his arguments. At the same time, it may well be doubted if he has made out a very convincing case. A great deal has of late been written on the subject, and some most interesting articles have appeared in the leading reviews. It is a good subject for a paper discussion, and we shall be delighted if readers will try their hand at it. "Life and Mechanism" unfortunately proved a trifle too metaphysical for sustained discussion, but the decline in the birth rate is a much more concrete and material subject, and if anyone will favour us with his (or her) views on the matter we shall be delighted to print them.

That widely assimilated store of Sunday literary pabulum, *Lloyd's Weekly Newspaper*, should prove relishable to Guy's men, at least to the extent of a column or two. For our energetic contemporary is the first to give publicity to the interesting claims of one Charles Winstanley Timson, a potman, resident at Plaistow. The description is somewhat erroneous, for Mr. Timson, it appears, has given up Plaistow and his potmanship in order to look up evidence in support of his claims. He is trying to establish his right to armorial bearings, and to use the Newborough motto, "Prennez

Garde," and claims direct descent from the Winstanley of Eddystone Lighthouse fame. Incidentally he declares that "a portion of land on which Guy's Hospital stands" is his by right, and that he also has an interest in the Great Maze Pond estate.

Commenting on the claim, the *Bermondsey and Southwark Recorder*—a paper, by the way, that very often has interesting references to our hospital—gives a few instructive archæological points regarding Maze Pond. "The name," it remarks, "is affixed to three turnings on a map dated 1787. One is now called Great Maze Pond, another bears the name Maze Pond, and the third was an irregularly-formed area which has been built upon, and which passed southward from the present Maze Pond to Snowsfields. Before the dissolution of the Abbey by Henry VIII., the Maze fell into private hands, and the Manor became the seat of Sir William Burcestre, who died there in 1407. Subsequently it belonged to the Clintons, and then to the Copleys. One of the latter married John Weston, of Sutton, after whom Weston Street is named. . . . The district is full of interest, and the property claim will no doubt draw attention to it. It will be a difficult task, one apprehends, for Timson to substantiate his claim to the property, or to the portion of Guy's Hospital site."

It would, indeed. If the claim is found to hold good—and at present there is very little evidence in support of it—Timson owns the land on which the greater part of the medical wards and a portion of the surgical wing are built. Possibly, too—it is difficult to tell—a bit of the college may be included in the portion to which he lays claim. We do not anticipate that he will find it easy to prove himself our ground landlord, but in the meantime it will be interesting to see how far his case developes.

In response to our appeal for a Guy's song, suitable for gatherings or festive occasions, Dr. John Tanner has forwarded us the verses which are printed on page 156 of this issue. It is, at any rate, a beginning, and although Dr. Tanner's effort does not strike us as exactly the ideal thing, we trust it may stimulate others to try their hand at composing something similar. We want a good many efforts before there can be any talk of selection, and the festive song must be of such a nature that it should commend itself to everyone. The present effort is too reminiscent of Longfellow's familiar lines altogether to escape the imputation that it is an attempted parody, and it is also, we venture to think, too long. A six verse song, and one, too, without a chorus, is unlikely to prove popular, especially upon festive occasions. For all that, we are grateful to Dr. Tanner for his heroism in breaking the ice. Now will someone else please become inspired?

We understand that the second of the Sunday afternoon recitals of vocal and instrumental music will be given in the Chapel on April 28th, at 3 o'clock. Four or five ladies and gentlemen have kindly volunteered their services, and, judging by the programme of music which has been shown to us, Mr. Lethbridge is again to be congratulated upon the success of his efforts, which have supplied a long-felt want to those Nurses and Residents who are obliged to spend an otherwise tedious afternoon in hospital.

The Goblin Club, which includes men who entered during the years 1891–2, or University men who entered as third year's students in 1893–4, will hold its Annual Dinner on Thursday, May 2nd, at the Café Royal, Regent Street, W. The President of the Club, Mr. Montague Way, will take the chair at 7 p.m.

Clinical Notes.

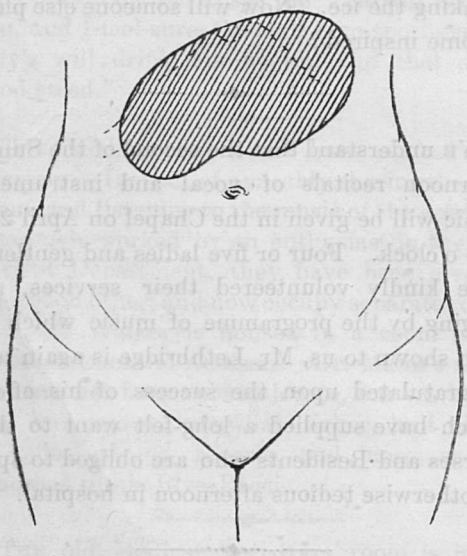
CASES FROM THE MEDICAL WARDS.

1.—A Case of Dilated Stomach complicated by Tetany.

The patient, a woman, æt. 47, was admitted into Mary, under Dr. Taylor, on February 25th, for pain in abdomen and attacks of vomiting.

History.—Vomiting first came on two years ago, just before the birth of her last child, after which she had severe pains in her abdomen and was extremely constipated; bowels only opened once a week with help of castor oil. She has continued vomiting at intervals ever since, especially after food; the abdominal pain has got worse and constipation was very bad, and on admission patient said her bowels had not been opened for six weeks. She has lived on milk and fish diet.

Condition on admission. — Tongue furred; breath very foul. Abdomen distended, but no tumour felt. Well-marked succussion splash, and peristalsis of stomach easily induced. Stomach did not extend below umbilicus. Nothing else abnormally detected.



27th. Stomach washed out. Pieces of carrot and cabbage, which patient had eaten four to five days previously, were present in stomach contents. Stomach contents were acid to litmus, but no free acid could be detected, either organic or inorganic.

March 2nd. Bowels opened for first time since admission, after nux vomica and aloes pills.

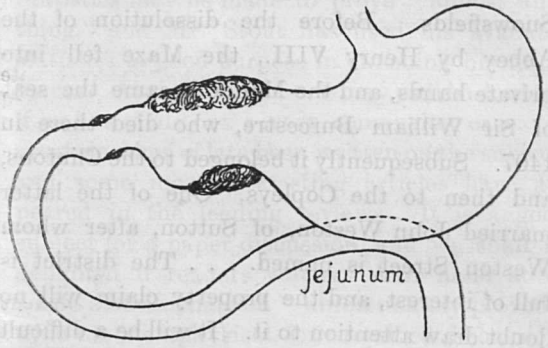
7th. Vomited several times during night for first time since admission.

8th. Vomiting continued; patient seems very poorly. At 11.30 a.m., while patient was being spoken to, she complained of severe pains in her hands and arms and also in her legs. Fingers then became rigidly extended, forearms flexed and rigid. Legs fully extended and rigid. Jaws tightly clenched; patient was in great pain; attack lasted a quarter of an hour. 12.15 p.m. Second attack, similar to above, came on while patient was being examined. Lasted ten minutes.

In the afternoon the stomach was washed out again, but while this was being done another attack of tetany came, this time very severely. Patient was in great pain, and attack lasted nearly three-quarters of an hour. Chloroform was administered to relieve the spasms.

It was then decided that an operation must be performed at once.

At 8 p.m. a fourth attack came on while patient was having an enema previous to operation. Not so severe as previous. Patient was operated on by Mr. Rowlands. Vertical incision through right rectus muscle, above umbilicus. Stomach found dilated, but did not reach below umbilicus. There was a constriction of stomach about two inches from pylorus, which appeared to be due to a chronic ulcer on posterior wall and just overlapping lesser curvature to reach anterior wall.



The jejunum was stitched directly on to the posterior wall of the stomach at its most dependent part, *without* any twisting of the jejunum, which was left lying in practically its normal position. Abdominal incision closed without drainage. Patient was allowed to have water ʒi. at a time from the first, and on day after operation she had milk in small quantities by mouth. Nutrient and saline enemata were given alternately four hours for twenty-four hours.

Patient had one slight attack of tetany twenty hours after the operation, and was sick two or three times during first twelve hours after operation, but one dose of M. Bis. et Morph. completely and permanently stopped vomiting.

On second day after operation patient was on farinaceous diet and jellies. On fourth day she was on fish and eggs, without any pain or vomiting. Progress has been uninterrupted since, and on April 15th patient went to convalescent, feeling quite strong and well, with no pain, and on full diet.

2.—A Case of Diabetic Coma with rapid recovery under treatment with Alkalies.

The patient, a man æt. 25, was admitted to Addison, under Dr. Taylor, on March 11th, with a very short history (three weeks) of wasting and muscular weakness, and passing large quantities of urine.

Condition on admission.—Patient was obviously wasted, and seemed very weak. Nothing abnormal detected in his chest or abdomen. Tongue moist and red.

Urine.—Sp. gr. 1040, reduced Fehling's solution very readily. Sugar present 33 grs. per ounce. Urine passed in first twenty-four hours, 118 ounces. Total excretion of sugar = 3894 grs. per diem. Diacetic present in considerable quantity. Knee-jerks could not be obtained. Patient had been on restricted diet for a week previous to admission, so he was now put on almost strict diabetic diet. Appetite and thirst were extreme.

13th. Tongue dry, red and shiny. Patient drowsy.

14th. Patient complained of gnawing epigastric pain. Very drowsy to-day. Will not eat anything. Bowels not opened for two days. Quantity of urine fell to 42 ounces on 14th. Pulse very feeble and rapid. Patient took no notice of anything, and could hardly be roused at all. Breathing was fairly typical, long deep sighing respirations. No ethereal odour of breath detected. Patient was given a rectal injection of sodium bicarbonate solution (ʒi. ad oj.), two pints being given at 6 p.m. and repeated every four hours. He was also given as much sodium bicarbonate solution (ʒi. ad oj.) as he would take by the mouth, and calomel, grs. iv. were given, followed by an enema, which had a very good result.

15th. Patient was decidedly better. He ate his food better. The pain had almost gone. The rectal injections were continued for four days, and the alkali by the mouth (two pints per diem) for a week later. Patient has steadily improved ever since, is putting on flesh (weighed 90 lbs. on admission, now weighs 104 lbs.). The urine has decreased considerably (sugar 12–15 grs. per ounce). Patient is getting up, and feels quite well.

Pass List.

Examination in Tropical Medicine.—F. McF. W. Pollard, M.B. Lond.

First Conjoint Examination, March and April, 1907. —Parts I. and II. (Chemistry and Physics).—N. S. Carruthers, H. G. Crawford, L. P. Harris, Jap-Ah-Chit, F. G. Lloyd, G. B. Pritchard, M. Salem, H. F. Stephens, O. E. Williams.

Part III. (Elementary Biology).—Ahmed Abdel-Al, M. Z. Hanafy, Jap-Ah-Chit, G. W. King, J. L. Lauder, F. G. Lloyd, E. MacM. Mahon, C. H. G. Pochin, M. Salem.

Preliminary Science (L.D.S.) Examination.—Part I. (Chemistry), Part II. (Physics).—J. W. Hall, P. S. Humm, W. J. Kennealy, A. MacD. Watson.

Correspondence.

To the Editor of Guy's Hospital Gazette.

The Goblins.

Dear Sir,—Will you be kind enough to notify in the Gazette that the Goblins' Club will meet on Thursday, May 2nd, at 7 o'clock, the President, Mr. Montague Way, in the chair? Dinner at 7.30. Thanking you in anticipation.—Yours truly,

PERCY F. HENRY.

79, King William Street, E.C.,
April 4th, 1907.

Guy's '89 Club.

Dear Sir,—Would you kindly insert the following in your next issue of the Guy's Gazette?—

The 13th Annual Dinner of the Guy's '89 Club will be held at the Hotel Cecil, on May the 8th, at 7.15. Mr. H. W. Beach in the Chair.—Yours very truly,

E. F. H. HARDENBERG.

Duffield House, Upton Road, Watford.
April 15th, 1907.

Cyclops.

Sir,—Dr. Denman's letter and illustrations in your last issue (p. 128) remind me that I once saw a similar deformity in a lamb. The orbits and nasal cavities formed one irregular cavern, in which was a double eyeball, which I hardened and examined, but which I regret to say has since been lost. Anatomically, it consisted of two perfect eyes, with complete and distinct lenses, anterior chambers, vitreous and coats, etc., both being fused together internally and posteriorly, the optic nerves coalescing. The trunk above this orbital cavity, depending from the centre of the frontal bone, was a fleshy tubular proboscis, looking as much like a penis as an elephantine trunk.

There is, as Dr. Denman says, no doubt of the rarity of these monsters, but if Dr. Denman will consult the Edition of Licetus de Monstris, published at Amsterdam in 1665, a book beloved and studied by Oliver Wendell Holmes (*see* Elsie Venner), he will find illustrations of a girl born in Italy in 1624, having a similar deformity, and illustration and mention of another and more horrible case (in that "habuit caput jam bifrontis utraque facies loco nasi membrum virile; quod altera quoque sortita est cum testitris in loco menti,"), which was taken from a picture by Leonard Vincey, in the collection of Cardinal Francis Berberinus, a nephew of Pope Urban VIII. It is interesting to note that in this same book Pigmies, Cyclops, Giants, etc., etc., are not to be classed as monsters, because whether in Africa, Asia, etc., "nimmo vero quotidie nascuntur, ut apud nos homines perfecti; mellamque incolis admirationem nullumque inferunt

horrorem; ac fiunt ex primario naturæ instituto, ut parentes in specie per omnia consimili perpetuentur." I must apologise for the length of this letter, and am, Sir, very faithfully yours, G. P. SHIELIS.

For Golfers.

Dear Sir,—I beg to enclose a short notice of our New Golf Club, which may be of interest to some of your readers, and I shall esteem it a favour if you will find a corner for it in your valuable paper.—Yours faithfully,

JOHN H. ESCOLME, Hon. Sec.

NEW GOLF LINKS.

A good 18-hole course, 6,150 yards in length, has been laid out for the Bidston Golf Club on land known as "The Moss," Bidston, Cheshire, by the Leasowe professionals, Doyle and Smith.

Permission has been obtained from the licensing magistrates for the use of certain rooms in Brown's Graving Dock Hotel, as temporary club quarters, until a suitable club-house is erected.

The course is of easy access, as there are two railway stations within a few yards, and the Birkenhead Tram Terminus, Dock route, is within some 200 to 300 yards of the first teeing grounds. The first tee can be reached from Liverpool in from fifteen to twenty minutes.

The course is finely undulated with natural hazards, chiefly water and dry ditches, and will give a good test of golf.

The first 200 Members will be admitted without entrance fee.

Gentlemen desiring to join the club can get full particulars from the:—Hon. Sec. Bidston Golf Club, Bidston, Cheshire; or from Messrs. Eskrigg and Roby, Cook Street, Liverpool.

The Medical Officer of Bright Ward.

Dear Sir,—Assuming that the conditions have not altered in Bright since 1903, may I point out some facts which your Passim note ignored? It is a very responsible position, worth about £100 with board, lodging, washing, free holiday for a month, alternate week-ends, and affords a very valuable bird's-eye view of the surgeon's practice with a real training in difficult anæsthesia and in after-treatment of disease, patients, and *patients friends* (*verb. sap.*), and the experience of some forty surgical cases for the R.M.O.'s private care, cases ranging from piles to ovariotomies, appendices, and cancer. If your newly qualified can better this for his first year, then the prospects are brighter than many profess to find it.

A word as to the menial duties. The dressings average three to five a day, or did. Septic cases in set operations were very rare, about 2 per cent., and the necessary time to go round is about three-quarters of an hour, and at night, as a rule, takes thirty minutes. I personally was called up about six times, and had one death. Finally, I was, I believe, the only R.M.O. who was not completing his higher degrees there, so mostly found time to read.

But the real point is this, that it affords a man, without loss of prestige, an invaluable opportunity of acquiring the *savoir faire* and the tact to manage patient's friends, without which no degrees will make for success in practice. In my own case the appointment has been my making in life.

J. M. BRYDONE.

16, South Audley Street, W.

Dear Sir,—In your issue of April 6th you venture to suggest radical changes in duties of the Resident Medical Officer of Bright Ward. As I have several times been asked if I had anything to do with the article, I trust you will find space in your next issue to publish this, my most emphatic denial, of any sort of parentage of the statements made.

In short, Sir, I disagree with you! The R.M.O.B. is not by any means the hardest-worked man in the hospital. He does not commence his duties before 11 a.m., and on most mornings, after working leisurely, he can finish his dressings by 1 p.m. It is the rule rather than the exception for him to have two afternoons off in the week, if not more. The evening round is trivial: a compress on an average every other evening, and that is all. As regards night calls, once in two months will rather overstate the case. It is true that at times the work is heavier, but the above gives the average.

I regret that my views as regards a dresser in Bright also differ from yours. An unqualified man would be impossible, judging by expressions I have heard from patients who would not tolerate the idea of being a subject for the hospital student. If there were a dresser there would be little use of an R.M.O., as his work, or the greater part of it, would be gone. If the duties are to be lightened, I would suggest a Bright anæsthetist. (This idea is not mine.)

Patients, I think, on the whole, would be willing to pay an extra fee for this luxury. The R.M.O. could assist at operations, and then would get the benefit of the large surgical experience in the ward, which he certainly does not get at present; it is impossible to both administer the anæsthetic and follow the operation at the same time, and yet do either properly.

I do not write this in any spirit of hostility, but rather as advancing the other side of the argument.—I am, yours truly, J. SEPHTON COOPER,

Late Resident Medical Officer, Bright Ward.

Guy's Hospital, April 18th, 1907.

[We feel properly squashed! So striking a testimonial to the merits of the system, under the hand and seal of the latest holder of the post to which we referred, carries conviction. We tender our regrets and apologies to Mr. Cooper and his never-weary predecessors for having attributed to them greater energy and self-sacrifice than, it would appear, have ever been demanded from them.—Ed.]

Appearances.

CLINICAL LECTURE BY Mr. LANE.

Gentlemen,—On the last occasion we considered the forces that determined the varying forms of the bones and soft parts of the face, the nature of which influence the appearance of the individual to a very great extent, and affect materially the capacity to succeed in life. This probably applies more particularly to the female subject. In the male exaggerated types which would be regarded as ugly in a woman are often associated with great strength of character and physique, and may be singularly attractive to the female, who would frequently appear to prefer a dominating to a subservient mate.

We obtained the information we possess by the study of such deformities as result from the abnormal exercise of these forces.

The deformities to which I will now call your attention are those affecting the trunk and extremities. Unlike those of the face, they can never be said to enhance the value or attractiveness of the individual, but on the contrary are universally regarded as to a certain extent repellent.

Further, the marketable value of the individual, both from the point of view of appearance as well as of physical capability to perform work, is manifestly depressed in a degree proportionate to the deformity.

Each joint of the human body is capable of two attitudes, one usually assumed in activity, the other one during rest. These attitudes are, generally speaking, antagonistic to one another, and consequently exert upon the part influences or tendencies to change in opposite directions. On this account, in order that the anatomy of a part should remain normal, it is necessary that movements of activity should be associated in a suitable proportion with those of rest. If the individual assumes an active posture, or performs a sequence of active movements habitually for long periods of time, the skeleton becomes fixed in this attitude, and after a time the deformity or deviation from the normal type becomes greatly exaggerated. I need not do more than remind you of the skeletons of labourers which show in such a marked manner the fixation, and later the exaggeration of attitudes of activity, and I have on previous occasions pointed out to you what excellent means they afford for the study of the mechanics of these attitudes in their most minute details.

In precisely the same manner, the habitual assumption of attitudes of rest to the exclusion of the sufficient performance of the corresponding attitudes of activity result in the fixation of the resting attitude, and later, in its exaggeration.

I will first call your attention to the mechanics of the knee-joint as affected by the postures of activity and rest.

In the attitude of running, a plumb line dropped from the head of the femur of the leg on which the weight is supported at the instant falls inside and behind the knee-joint, so that for the time being the posterior part of the internal condyle of the femur and the posterior and inner part of the head of the tibia are transmitting a disproportionately large amount of weight, while the anterior part of the external condyle and the anterior and outer part of the head of the tibia is transmitting a disproportionately small amount of weight. Now, you are aware of the following very important general law, namely, that the rate of bone formation in the several parts of a growing bone varies inversely as the pressure transmitted. Therefore, if the individual habitually performed the same attitudes of activity of the knee-joint to the exclusion of the corresponding attitude of rest, you would have a deformity in which the bones entering into the formation of the joint would be reduced in depth at the posterior and inner part, and increased in depth at the anterior and outer part. Fig. 1 is intended

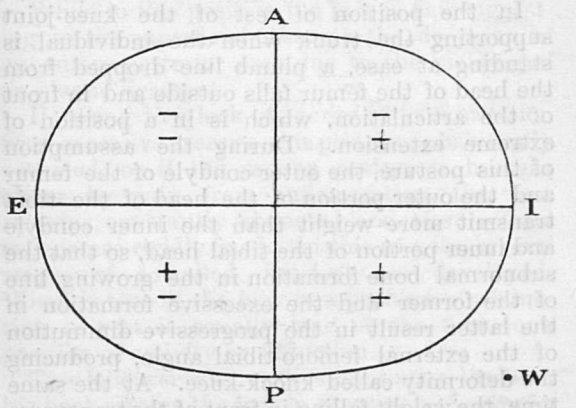


Fig. 1.

to represent a transverse section through the lower end of the femur and the upper end of the tibia.

A, E, I and P indicate the anterior, external, internal and posterior aspects, and W the position of the plumb line in this position of activity.

As the plumb line falls internal to the antero-posterior axis of rotation, A P, the quadrants internal to it transmit an excessive pressure represented by +, while those external to it transmit a subnormal pressure as represented by −.

Again, as the plumb line falls behind the transverse axis of rotation, E I, the segments behind it transmit an excessive pressure, as shown by +, while those in front transmit a subnormal pressure marked as —.

Diagrammatically, we see that the pressure sustained by the postero-internal segment is the greatest, and that by the antero-external the least, and we are able to gauge the tendencies to variation from the normal in the amount of bone formations that result during the assumption of this attitude. Such an occurrence could not take place in the knee-joint in the normal skeleton. It actually occurs in the rickety subject, providing that the degenerative changes in the skeleton have set in before the child has commenced to walk. In consequence of the habitual assumption of the attitude of activity, the resting posture not having yet been acquired, the knees are displaced outwards and forwards, and bow legs are produced, a condition precisely opposite to that of the fixed resting position we are about to consider.

This fixation of the knee-joint in an attitude of activity is also seen in osteitis deformans, a disease which develops late in life and is characterised by a yielding of the bones.

In the position of rest of the knee-joint supporting the trunk when the individual is standing at ease, a plumb line dropped from the head of the femur falls outside and in front of the articulation, which is in a position of extreme extension. During the assumption of this posture, the outer condyle of the femur and the outer portion of the head of the tibia transmit more weight than the inner condyle and inner portion of the tibial head, so that the subnormal bone formation in the growing line of the former and the excessive formation in the latter result in the progressive diminution of the external femoro-tibial angle, producing the deformity called knock-knee. At the same time, the weight falling in front of the transverse axis of rotation of the knee-joint, the anterior segments of the condyles of the femur and of the head of the tibia transmit an abnormally great share of weight, while the back parts transmit an abnormally small share. The decreased formation of bone in the anterior portions and the excessive formation in its posterior portions result in the reduction of the anterior femoro-tibial angle and the development of a deformity called back-knee. As both these deformities co-exist in a varying degree, it is obvious that the anterior and outer part of the external condyle and the corresponding part of the tibial head transmit the greatest share of the superficial weight, while the back part of the internal condyle of the femur and the corresponding part of the tibia transmit the least share of the weight. Now you see that the conditions in this joint are exactly, or almost exactly, antagonistic in the postures of activity and of rest.

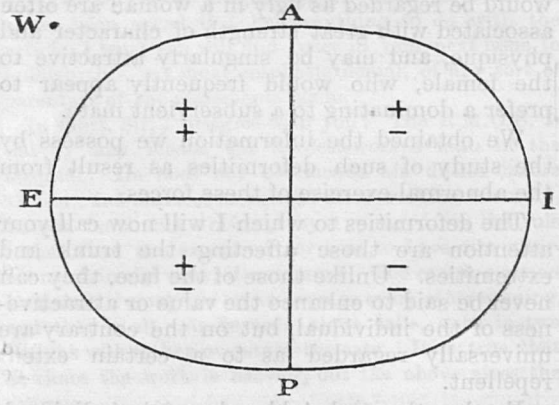


Fig. 2.

Fig. 2 represents the same parts as in Fig. 1, except that in this the plumb line W falls in front of and external to the knee-joint. As it falls in front of the transverse axis of rotation the anterior quadrants transmit an excessive pressure, and the posterior a subnormal pressure indicated as before. As it falls outside the antero-posterior axis of rotation the outer quadrants transmit an excessive pressure and the inner subnormal pressure. The conditions here are the reverse of those in fig. 1, and the tendencies to change are similarly affected.

These changes are all much exaggerated when the growing lines are abnormally active, as in the case of the badly-nourished child who becomes rickety after learning to walk.

The treatment of the deformity is based on the knowledge thus obtained, since its object is to transmit an excessive amount of pressure through the posterior and inner segment of the joint and to reduce as much as possible the pressure transmitted through its anterior and outer part. This is done by limiting extension by a rigid arrangement behind the joint, so increasing the anterior femoro-tibial angle, and by exerting traction upon the joint in the direction of a steel rod external to the joint

the external femoro-tibial angle is steadily increased.

In slighter cases, the same result may be effected by the complete avoidance of the resting posture, that of activity alone being performed.

Foot.—Let us now consider the postures of the foot, but before doing so I will call your attention to its structure.

The ankle-joint, whose range is limited by the impact of the anterior or posterior portions of the tibial surface upon that of the astragalus, allows only of movement around a transverse axis. This is contrary to the teaching of the anatomist, who considers that flexion and extension are controlled by ligaments, and that in extension it is possible for the astragalus to rotate round a vertical axis.

When, however, I say that there is no movement of the astragalus around a vertical axis, this is true as regards extension of the foot; still, as I explained to you in describing the physiology of the fibula and the mechanics of abduction fractures of the foot, commonly called Pott's fractures, in the position of abduction of the foot, which is its position of rest, some slight rotation of the fibula takes place around a vertical axis. This is brought about by the impact of the astragalus against the anterior margin of the facet on the external malleolus, and by drag exerted by the posterior fasciculus of the external lateral ligament upon its back part, the fibula ascending slightly. When this force is exerted excessively a spiral fracture of the fibula results.

On the contrary, in a position of activity of the foot the malleoli are forcibly approximated by the vertical drag of all three fasciculi of the same ligament, and by the consequent increased obliquity of the interosseous tibio-fibular membrane and ligaments consequent on the slight descent of the fibula. By this means all lateral movement of the astragalus is rendered impossible. Therefore, instead of there being any rotation of the astragalus in extreme extension of the foot, it is just the very position in which there is absolutely none.

It is usual to describe the foot as consisting of three arches, two longitudinal and one transverse. These arches are said to be supported by muscles and ligaments, one of which, the so-called inferior calcaneo-scaphoid, is described as being elastic and containing yellow fibrous tissue. You must disabuse yourself absolutely of this analogy.

The foot may be regarded as being made up of three parts, the astragalus which forms a hinge joint with the tibia and fibula and articulates with the two other parts, namely, the os calcis behind and the rest of the foot in front. It is fixed to the os calcis by an interosseous ligament which permits of some rotation around a vertical axis. The os calcis articulates with the cuboid in front and externally, while internally it is connected to the margin of the scaphoid by a ligament whose fibres are spiral in direction.

When this ligament is wound up by the vertical traction of the tibialis posticus upon the tubercle of the scaphoid the interval between the scaphoid and os calcis is reduced, and the inner margins of the two segments of the foot form an angle open inwards. When the spiral ligament is unwound, as it is by the relaxation of the tibialis posticus and the consequent dropping of the tubercle of the scaphoid, the inner margins of the two segments form with one another an angle open outwards.

The first of these positions of the foot, namely, that of adduction, is always active in character, while the second, or that of abduction, though it may be produced actively, is, when determined passively, the position of rest of the foot.

In this position of abduction or of rest the inner margin of the foot is convex inwards and forms with its fellow an angle open forwards, the foot is elongated to the utmost, corresponding to the increase in size of the angle between its two segments, while its whole under surface comes in contact with the ground.

While in this position the foot is flat, suggesting to the superficial observer the dropping of an antero-posterior arch due to the yielding of an elastic ligament.

If, owing to a lack of energy or to exhaustion from excessive exercise, this position is habitually assumed, or if the resting posture is brought about by pain from inflammation, the foot remains constantly abducted and after a time it becomes rigidly fixed. In this way the several stages of so-called flat-foot are developed. What is true of the foot in a position of abduction or rest is equally true of the foot in a position of activity or adduction.

The labourer who carries enormous loads on his back retains the foot in a position of extreme adduction, reducing the interval between the os calcis and scaphoid to a minimum, and displacing the head of the astragalus on to the upper surface of the os calcis where it forms a distinct facet for itself. By this means the superjacent weight is taken off the spiral calcaneo-scaphoid capsule and from the tibialis posticus and is transmitted through the os calcis,

the powerful calcaneo-cuboid ligaments so reducing the expenditure of energy to a minimum. The well-developed foot of such a labourer is so fixed in a position of adduction that abduction is very limited if it is not almost impossible.

Here, again, the treatment of slight cases of flat-foot consists in avoiding the resting posture and retaining the foot in a position of activity.

The performance of certain exercises as tend to develop the muscles of the leg, and especially those of the calf, is very advantageous. It is frequently assumed that the use of high heels is prejudicial in these circumstances, but the reverse is the case, providing the point of the boots is so situated as not to displace outwards and throw out of gear the great toe. In spite, however, of the constant deflection of the great toe in the boots or shoes worn by women, it is wonderful how the assumption of the position of moderate activity of the foot necessitated by the high heel enables them to stand for hours without being obliged to have recourse to the resting posture.

When the foot becomes fixed in the posture of rest it may be necessary to anæsthetise the patient and to wrench the foot into a position of extreme adduction or of activity, and to retain it there for a considerable time. Massage and exercises serve to accelerate recovery

Toe.—In all these cases you should observe the length of the great toe. In the vast majority of people the length of the great toe does not exceed that of the second toe. In a small proportion the great toe is longer than the second toe, and in some cases it may be very much longer. It must be very apparent to you what a great handicap such a condition of long great toe is, especially in that class who have to wear regulation boots, and who are very much on their feet. The pain and fixation set up in the metatarso-phalangeal joint by the distal pressure, with or without the outward displacement of the great toe, make the sufferer more ready to assume the resting posture, or, in other words, favour the development of flat foot. I think this is such a disadvantage that I would in certain circumstances recommend the removal of sufficient of the end of the toe early in life to restore it to its normal relationship to the other toes.

As in the case of the knee, the tendencies of the attitude of activity are diametrically opposed to those of the resting posture, and so render treatment of the latter simple if the circumstances of the individual permit of the effective adoption of the measures necessary to obtain success.

This applies with equal weight to the next deformity which we will consider. It is that commonly called round shoulders by the public, and by us the symmetrical posture of rest, dorsal excurvation, etc. In the case of the trunk we have two attitudes which are dependent on the process of respiration. One, the thoracic inspiratory, is an active one, and when performed vigorously entails the expenditure of much energy. The other, the expiratory, is passive in ordinary respiration, and entails practically no effort. In the vigorous subject the process of active thoracic inspiration alternates with that of thoracic expiration, and is supplemented by diaphragmatic respiration, which is a more perfect reflex, and as compared to the process of thoracic respiration it involves the expenditure of but a very small amount of energy.

I would remind you that the chest is retained in a position of inspiration in labourers when carrying heavy loads on the back and after a time becomes fixed in that attitude. While working in this manner respiration is carried on entirely by the diaphragm.

The fixation of the chest in a position of inspiration, partly by the ankylosis and fixation of the spinal column, partly by the limited movement or ankylosis of the costo-vertebral joints, and partly by the conversion of the inspiratory internal intercostal muscles into ligamentous tissue, influences prejudicially the mechanics of the lungs and handicaps the individual when these organs are diseased.

In complete thoracic inspiration the calibre of the chest is increased to the utmost, while the joints of the entire spinal column are in a position of over-extension. As the body of each vertebra rotates round a transverse axis upon its fellows the posterior half of each growing line is for the time being exposed to a pressure which is much greater than that sustained by the anterior segment; consequently the tendency for the time being is for the posterior portion of the body of the vertebra to become less deep than the anterior.

The reverse is the case in complete expiration. The cavity of the thorax is reduced to its utmost and the entire spinal column is flexed. In these circumstances the tendency is for the vertebral bodies to become reduced in depth anteriorly and increased posteriorly.

The intervertebral discs are influenced similarly to the bodies in either of the attitudes. It is by the suitable combination of these movements that a normal attitude results, and consequently a normal spinal column. When

the subject is resting in the erect position of the trunk, respiration is carried on entirely by the diaphragm, the thoracic inspiratory process being in abeyance. To this resting posture in the position of thoracic expiration I have applied the term the "symmetrical posture of rest" as being more descriptive than dorsal excurvation or round shoulders, and as opposed to the "asymmetrical resting posture" commonly called lateral curvature by the public and scoliosis by the surgeon.

Now, in the state of civilization in which we exist, there are a very large number of children who, chiefly from imperfect nutrition, have not the energy to perform any active movements for long, and who can work on by the expenditure of a minimum of muscular activity. These are the children who develop resting deformities. They depend for the oxygenation of their blood upon the action of the diaphragm and abdominal muscles, and occupy with rare exceptions a position of complete thoracic expiration, or, in other words, the symmetrical position of rest of the trunk. In consequence of this habitual flexion of the spinal column, the bodies of the vertebræ become wedge-shaped, the depth of their anterior surfaces being reduced and that of their posterior increased. The constant flexion of the lumbo-sacral joint tends to a forward displacement of the last lumbar vertebra or in a yielding of the sacrum, producing a degree of spondylolisthesis, or reducing the conjugate diameter of the brim. All these conditions are, as in other resting deformities, exaggerated in the condition of more imperfect osseous nutrition, as rickets, mollities ossium, osteitis deformity and in senile decay.

You see that, apart from improving general nutrition and the development of muscles by massage, etc., your efforts must be directed to alter the forces to which the bodies of the vertebræ are exposed in this position; you must relieve by extension of the spine the anterior portions of the bodies of the vertebræ from the constant pressure to which they have been exposed, while you must endeavour to compress the posterior portions, which can be done only by over-extending the spine.

How can this be best effected?

In the first instance, it is obvious that the posture which has become habitual, and which is the cause of the deformity, must be avoided.

We may over-extend the spine by making the patient do breathing exercises by which the habit of complete thoracic expiration is replaced by one intermediate between complete inspiration and expiration.

Again, in extreme cases, we may force the spine into a position of extension by posture or by the use of a steel spring, which effects its purpose by producing traction in a backward direction on the shoulder girdle.

The general tendency of the surgery of the present day is to rely on means other than the use of apparatus, and to a great extent this is correct; still you will find severe cases in which you may supplement your treatment by respiratory exercises, posture, etc., very effectually by the use of some mechanical appliance.

The last deformity I will call your attention to is the most difficult to treat, since we are unable, either by an apparatus, or by any arrangement of exercises, to provide a posture of activity exactly antagonistic in its tendencies. I refer to what is called lateral curvature or scoliosis, but I think the term "asymmetrical resting posture of the trunk" describes it much more accurately. I do not mean to infer that there are not cases of lateral curvature of the spine which are not part of a resting position, as for instance the curve due to shrinking of one lung in an empyema, to contraction of the sterno-mastoid, to shortening of a leg by injury or disease, etc.

In the condition called lateral curvature we have to deal with a subject who, in the first instance, was possessed of low vitality depending for the oxygenation of the blood solely, or almost so, on the action of the diaphragm, and whose trunk occupied the symmetrical posture of rest. Such a person later assumed in standing the asymmetrical posture or, as it is commonly called, standing at ease. That means, that instead of the pelvis being retained in a position of over-extension on both femora, it was fixed on one leg in a position of extension, the other leg being no longer used to share in the transmission of the superjacent weight. On this account the pelvis drops on the side of the unused leg, and the plane on the upper surface of the sacrum, upon which the column of discs of bone and cartilage rests, is deflected laterally.

Now, while in the symmetrical resting position, the anterior segments of the vertebral and intervertebral discs are compressed, in the asymmetrical posture you have, in addition, an excessive compression of the lateral segment of the disc corresponding to the concavity of the curve. In consequence, the antero-lateral quadrant, corresponding to the concavity of the curve, sustains a maximum pressure, while the postero-lateral, corresponding to the convexity of the curve, transmits a minimum of the superjacent weight.

The arrangement of the discs and their connection with the ribs is such that the rotation of each disc around an axis which passes in a varying degree obliquely from before backwards, results not in the formation of a single curve, but of three, one corresponding chiefly to the lumbar spine, one to the dorsal, and one to the cervical, and in the apparent rotation of the vertebræ around a vertical axis. The formation of the lateral curve in the dorsal region produces characteristic changes in the form of the thorax.

If, as in the other deformities, we were able to bring about such a condition of affairs that the amounts of force transmitted through the several segments be reversed, we should have no difficulty in restoring the rate of bone formation to the normal, presuming, of course, that the growing lines were still functionally active and the deformity not excessive.

This, however, we are quite unable to do by any means in our power, but our treatment must be directed towards attempting to rotate the bodies of the vertebræ around an axis crossing at right angles the existing axis of rotation of each vertebral disc.

This is done as far as possible by massage, exercises, posturing, elongation of the habitually resting leg by adding to the depth of the heel, and also by breathing exercises, which last tend to restore the trunk from a symmetrical resting posture to a position of activity. The success of the treatment varies inversely with the existing deformity, and directly with the remaining growing capacity of the epiphysial lines.

Dental News.

The following appointments have been made by the House Committee on the recommendation of the Dental Council :—

Assistant Dental House Surgeons.—Messrs. J. W. Doherty and Ivan S. Spain (April—June).

Student Demonstrators in Conservation Room.—Messrs. W. E. Guilding, L. A. B. King, and H. P. Tait (April—June).

Demonstrators in Dental Microscopy.—Messrs. F. N. Doubleday, R. J. Gibbings, and H. Walker.

FIRST YEAR'S PRIZE (1907).

The above prize, value £10, has been awarded to :—

Mr. W. E. A. Tibbalds.

First Certificate.—Mr. W. A. James.

Second Certificate.—Mr. E. E. Solomon.

DENTAL TRAVELLING SCHOLARSHIP.

Candidates desiring to enter for the above Scholarship are reminded that their applications should be sent to The Dean, Medical School Office, before June 1st.

Guy's Hospital Festive Song.

To the Music of "The Village Blacksmith."
By W. H. Weiss.
Words by John Tanner, M.D.

1.

Along Guy's dear old Colonnade
The young birds lark, and hum.
While the old boys quaff their half-and-half,
In that well-known place "The Drum;" *
Reviving mem'ries of their past,
As they greet each old-time chum.

2.

Behold now midst the Park's old trees
The learned lecturers stand,
A grand old group of men are they,
As any in the land.
The Gov'nors guard our privileges,
They are a noble band.

3.

Our records honest, true and long,
Two centuries they span.
Our charities are good and kind,
We do whate'er we can,
And labouring hard, by day, and night,
We drive the foremost van.

4.

Year in, year out, just as of old,
The students come and go,
And many keep their names alive,
By the good work they bestow,
Like Cooper, Bright, Wilkes, Addison,
Whose deeds our records show.

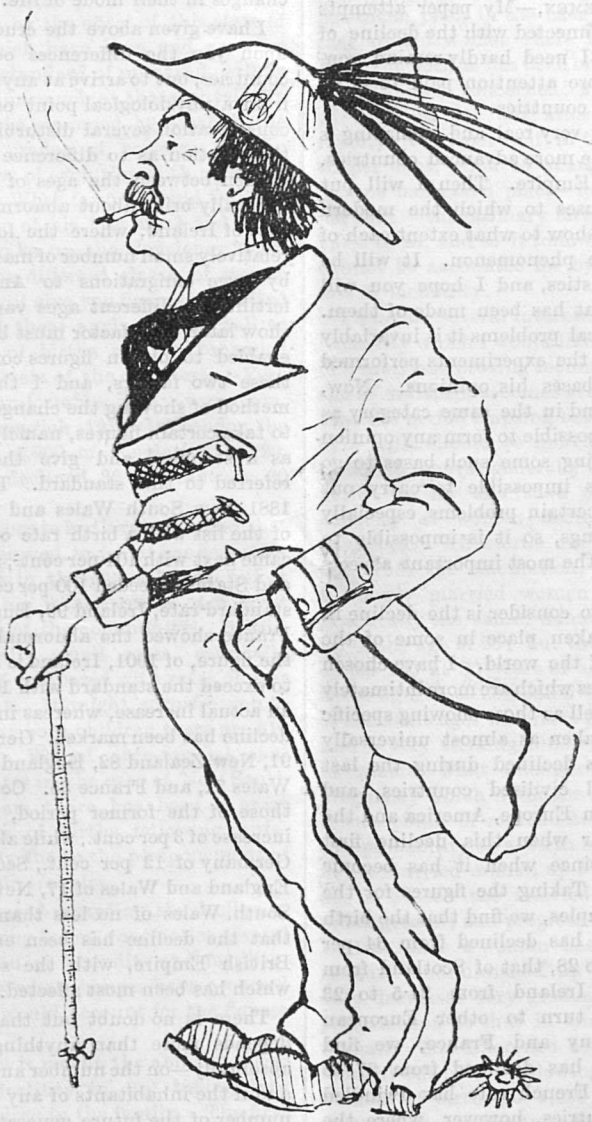
5.

Guy's men meet at our Festival,
Pass in at the open door,
They love to meet their dear old chums,
And pledge the toasts once more;
Being sure that while they feast themselves,
They don't forget the poor.

6.

Aiding, Befriending, Welcoming,
Onward the Guy's man goes,
Each day will see some poor relieved,
Each year some good work close.
Thus plodding on midst life, and death,
All Guy's men earn repose.

* A Public House frequented by Students in the Boro'.



The Advisory Board.

(Ad lib.)

The Decline of the Birth Rate.

Paper read before the Physiological Society by Mr. T. D. M. Stout.

Mr. Chairman and Gentlemen,—My paper attempts to treat of some problems connected with the decline of the birth rate, a question, I need hardly remind you, that is having more and more attention paid to it by thinking men in all civilised countries.

I will first show you how very real and menacing is this decline, especially in the more advanced countries, and unhappily in our own Empire. Then I will put before you the different causes to which the modern tendency is attributed, and show to what extent each of them is responsible for the phenomenon. It will be necessary to introduce statistics, and I hope you will not be wearied by the use that has been made of them. In discussions of physiological problems it is invariably the custom to give details of the experiments performed on which the physiologist bases his opinions. Now, as statistics in this case stand in the same category as experiments, it would be impossible to form any opinion on the subject without having some such bases to go upon. Again, just as it is impossible to carry out experiments with regard to certain problems, especially those related to human beings, so it is impossible to obtain statistics on many of the most important aspects of this question.

The first thing we have to consider is the decline in the birth rate which has taken place in some of the most important countries of the world. I have chosen as my examples those countries which are more intimately related to Great Britain as well as those showing specific abnormalities. It may be taken as almost universally true that the birth rate has declined during the last quarter of a century in all civilised countries, and especially in those of Western Europe, America and the British Colonies. The year when this decline first became evident was 1877, since when it has become progressively more marked. Taking the figures for the years 1880 and 1900 as examples, we find that the birth rate of England and Wales has declined from 34 per thousand of the population to 28, that of Scotland from 33·5 to 29, and that of Ireland from 24·5 to 23 per thousand. If we now turn to other European countries and take Germany and France, we find that the rate in Germany has declined from 37 to 34 per thousand, while the French rate has dwindled from 25 to 21·7. The countries, however, where the decline has been most marked are the Australasian colonies, as is readily seen in New South Wales, where it has fallen from 38 per thousand to 25, and in New Zealand, where it sunk from 38 to 27. Unfortunately there are no figures available for several countries which are of great importance, such as Russia, China and Japan, but we should expect very little variation to be shown in these cases, as they would be comparatively unaffected by the modern tendency of civilised nations. It is more unfortunate that there is an absence of any national system of registration in the United States and Canada, as their figures would be very instructive, since there all conditions of life tend to be unsettled, and such large numbers of emigrants have to suffer complete changes in their mode of life.

I have given above the crude rates in order to impress upon you the differences occurring in the different countries, but to arrive at any really definite conclusions, from a physiological point of view, we must take into consideration several disturbing factors. First, there is the question as to difference in the number of married women between the ages of 15 and 45, as this would naturally bring about abnormal results, as is seen in the case of Ireland, where the low birth rate is due to the relatively small number of married women, brought about by large emigrations to America. Secondly, as the fertility at different ages varies enormously, as I shall show later, this factor must be considered. I have been enabled to obtain figures connected with reference to these two factors, and I think the most instructive method of showing the changes that have taken place is to take certain figures, namely, those of Sweden for 1891, as a standard and give the corresponding numbers referred to this standard. These figures show that in 1881 New South Wales and Scotland were at the head of the list with a birth rate of 105 per cent. Germany came next with 104 per cent., and several other countries and States exceeded 100 per cent. New Zealand had the standard rate, Ireland 99, England and Wales 94, while France showed the abnormal rate of 65. If we turn to the figure, of 1901, Ireland is the only country of our list to exceed the standard with 102 per cent., having shown an actual increase, whereas in all the other countries the decline has been marked. Germany now has 92, Scotland 91, New Zealand 82, England and Wales 78, New South Wales 71, and France 55. Comparing these figures with those of the former period, we find Ireland shows an increase of 3 per cent., while all the others show decreases, Germany of 12 per cent., Scotland of 13, France of 15, England and Wales of 17, New Zealand of 18, and New South Wales of no less than 33 per cent. Thus we see that the decline has been enormous, and that it is the British Empire, with the sole exception of France, which has been most affected.

There is no doubt but that the strength of a nation depends more than anything else—in fact, I may say absolutely—on the number and quality of its inhabitants, and if the inhabitants of any State wilfully diminish the number of the future generation in that State, without any compensating improvement in their quality, they thereby greatly lessen the power and importance of that State in its relation to other countries. Thus it is evident that France, being stagnant with regard to the number of her inhabitants, cannot but become in the future of less power than her fecund neighbour and inveterate enemy, Germany.

Having put before you the facts with regard to the decline in the several States, I will now show you in

what classes of society the decline has been most marked. Unhappily we have abundant evidence to show that it is in the higher strata of society that the decline has been most marked, whereas in the classes which are physically and mentally inferior, although some decline has taken place, yet it has been relatively small.

Let us consider what will be the effect of this state of affairs. All the efforts which have been and are now being made to improve the standard of mankind, will be rendered absolutely futile, inasmuch as those physically and mentally superior will be swamped by a vast horde arising from the lowest grades of society, thereby absolutely reversing the laws of evolution with regard to the survival of the fittest. What farmer would think of restricting the reproduction of his best stock and allow the inferior animals to make up the deficiency? To prove that the rates in the different classes of society really differ enormously, I will give you figures calculated with regard to Berlin, and these apply equally well to other cities. The number of births per 1,000 married women in the different quarters of the city were:—Very poor, 214; poor, 198; comfortable, 192; very comfortable, 172; rich, 145; very rich, 121. In London the rate varies from 31·5 per 1,000 of population to 20, and in Hampstead it has declined 36 per cent. in 20 years.

With regard to the illegitimate birth rate, we find that the decline has been very marked, in fact it has generally been twice as great as that in the general rate, but it is questionable whether this is the result of a great improvement in the morals of the community. British countries have exceptionally small rates, especially Ireland, where the rate is ·5 compared with rates of over 6 per 1,000 on the continent. It might surprise you to learn that in every 1,000 first-born children there are 510 of post-nuptial conception, 233 of ante-nuptial conception, and 257 illegitimates in the case of New South Wales, and of recent years there has been a great increase in the percentage of births following ante-nuptial conception, probably due to the postponement of marriages owing to economic troubles.

Having gone into the figures regarding the decline in the birth rate, I will now bring before your notice several facts related to the question of fecundity and fertility, and, at the same time, show what changes have occurred in relation to these which would account for the figures given above.

Fecundity.—By this term is meant the ability to bear children, differing from fertility in not taking into account the number of children in the family. The first thing to be pointed out with regard to fecundity is the relation between the power of bearing children and the age at marriage. As we should expect, a woman's chance of bearing children becomes less as age advances, till at the age of 45 the average woman ceases to have the power to reproduce. To give you a proper idea of this decline, I will give you the number of sterile marriages at the different ages. At the age of 20, 8 per cent. of the marriages are sterile; at 25, 11 per cent.; at 30, 17 per cent.; at 35, 35 per cent.; at 40, 69 per cent.; whereas at 45 no less than 91 per cent. are sterile. Thus there were twice the number of sterile marriages in the case of women married at thirty as of those married ten years earlier. With regard to the changes that have occurred since thirty years ago, we find that hardly any decline has taken place in the case of young women, but in the case of old women there has been a marked decline. Thus the decline has been only 0·9 per cent. when women aged 15 were concerned; 2 per cent. when aged 20; 5 per cent. at 25; but after that age the decline rose rapidly from 7 per cent. in the case of women aged 30, to 60 per cent. when 45 years of age. While this small decline has taken place—for the total decline is only 5 per cent.—the ordinary birth rate has fallen from 42 per 1,000 to 28, and so it follows that the enormous decline cannot be accounted for by the relatively infinitesimal loss of fecundity.

There are several interesting factors in the question of fecundity which I would like to mention. The probability of a marriage proving fecund becomes rapidly less as the age at marriage becomes greater; it is natural to expect that the period elapsing between marriage and the birth of a child should be increased also. Thus at the age of 20, 15 months generally elapse, but at 39 the average period is no less than 5 years. The reproductive capacity of women decreases fairly rapidly as age advances. All sterile marriages are, of course, excluded from the calculation. The probability of a birth to newly married women within two years remains practically the same, namely, 73 births per 100 women up to the age of 23; but then rapidly falls till it is only 42 per 100 at 30 years of age, and 28 per 100 at 35. If these figures be compared with those of married women of the same ages who have previously borne children, we find a very striking difference, and one which makes us wonder what changes can possibly occur during pregnancy which would have such a great effect on the future power of reproduction of the woman. Whereas the probability of a birth is greatest in the case of the newly married woman up to the age of 28, yet after this age is passed the married woman's chances are very much greater, and progressively greater, as age advances. In fact, once a woman has borne a child her fertility remains undiminished up to the age of 30, and then only decreases very gradually, a remarkably different phenomenon to that in the case of the newly married woman. The difference between the two classes is well brought out by the following figures, giving the probable number of births per 1,000 women within a year at the different ages in the two classes:—

Age 21	Newly married	396	Married & mothers	281
„ 25	„	362	„	290
„ 30	„	256	„	274
„ 35	„	144	„	234
„ 40	„	58	„	155

Another aspect of the question is whether the intermarriage of persons belonging to different races or nationalities has any effect on fecundity. From rather

slight statistical information I find that far from this intermarriage tending to diminish sterility and increase fertility, it has acted in the entirely opposite direction, the percentage of sterility having been very much increased, and this in the case of people so closely allied as inhabitants of different regions of the British Empire. In races which are far less closely related we find that the offspring are often very feeble in mind and body. This is a great argument against the intermingling of Asiatic and European races which is threatened at the present day in several quarters of the globe.

From the facts given above, it can readily be seen that if there was to be any marked increase in the average age of females at marriage, there would be a consequent decline in the birth rate. We certainly do find a gradual rise in the average age at marriage; in New South Wales, for instance, it has risen from 22·6 years in the period 1881–5 to 23·9 in 1896–1900, and this must account for part of the decline; but as the fecundity between the ages of 20 and 27 differs very little, this factor is unimportant, especially when we consider that the marriage rate has increased all over the civilised world in the last few years.

Before we pass on to the question of fertility, it would be interesting to touch very lightly on the question of the sex of the child. It is a matter of common knowledge that the number of male children born exceeds the number of females, the relative numbers being generally 105 and 100. Although nothing at all conclusive has been or can be discovered as to what sex a child will be, yet it has been found that the relative ages of the parents does influence the sex, and by studying the figures closely we come to the following conclusions:—

1. The youngest children in families, where the mother has continued fruitful up to the age of 45, will more often be girls.

2. The father being 10 years younger than the mother, there will be more girls.

3. The father being over 20 years older, and the mother between the ages of 22 and 33, more girls will be born.

4. As the mother approaches the limit of child-bearing, more girls are born, no matter what age the father may be.

5. When the parents are both young there are slightly more girls.

6. As a general rule more boys are born than girls.

Fertility.—The main factor in regard to fertility is the age at marriage, and as this age becomes greater the fertility diminishes very rapidly. This is shown very markedly by the difference in the average of issue of women marrying between the ages of 15 and 20 and those marrying between 25 and 30. In the former case there are on an average 8½ children in the case of women going through the whole period of child-bearing, and in the latter only 5½, while if the marriage took place between 35 and 40, there were only 2 children.

Turning to the decline which has been shown in the last few years, we find that it has been enormous, and whereas 20 years ago women who married at 20 years of age bore 7 children, now they only bear 5. The decline has been even more marked in the case of the older women, having been 34 per cent. when the women married between the ages of 20 and 25, and no less than 54 per cent. when between 35 and 40. The average number of children in a family in New South Wales 20 years ago was nearly 5½, whereas nowadays it is only 3½, showing a reduction of no less than 33 per cent., surely a tremendous change to have taken place in the short period of one generation. How can we possibly attribute this reduction to any physiological cause when we consider the millions of years the human race has been inhabiting this world, and by what extremely slow processes changes have been brought about, so slow, indeed, that the most ancient relics discovered by geologists have hardly solved any of the mysteries which enshroud the problem of the origin of man and his evolution to his present state.

It would be interesting, perhaps, from a social point of view, to show the difference in the size of families in the different classes of the community, but I am only able to give you figures from a country in which class distinctions are very little marked in comparison with the older and, may I say, more caste-worshipping countries. The average size of the family in the professional classes is 4½, in the commercial classes about the same, in the industrial 5¼, and in the agricultural 6¼.

With regard to the question of religion, we find that this makes no appreciable difference, but when we consider the country of birth among British peoples we find that Irish women are very much more fertile nowadays than their sisters in England and Scotland.

While we are considering the question of fertility it would be exceedingly interesting to study the phenomenon of plural births and triplets. The relative number of twin births is very small, indeed only one in every 97 births, but it is the relation of the number of cases to the different age groups which is so striking. Whereas the cases of plural births in every 1,000 are only four when the mother is under 20 years of age, and six between the ages of 20 and 25, we find that the number rises rapidly as age advances till it reaches 16 per 1,000 between the ages of 35 and 40.

It is a remarkable phenomenon that twins should be born more frequently in the case of women nearing the end of their reproductive period, especially as we have seen that the chance of bearing a child at all is exceedingly small in comparison to that of young women. Perhaps this relation is shown even more clearly when I say that whereas only 47 per cent. of the total births occurred in the case of women over the age of 30, no less than 61 per cent. of the twins had mothers over that age. Why this should be the case one cannot imagine, except that perhaps when the chances of childbirth are reduced, the occurrence of freaks, if we may look upon twins as such without causing any offence, will tend to

be increased. Again, we have no evidence to show that the birth of twins is due to any abnormal reproductive strength on the part of the parents, as these may be either strong or weak. Triplets are fortunately very rare, and we find that they show exactly the same relation to the age of the mother as twins do, in fact, out of 23 cases which occurred in a total of a quarter of a million births, no less than 19, or 83 per cent., had mothers over 30.

We may now pass on to a brief survey of the sociological, apart from the physiological, factors concerning the decline of the birth rate. It can readily be understood that anything which affects home life in any way must have an effect on the continuance of the race.

First let us consider whether the rate has been affected in any way by economic changes, such as depression or buoyancy of trade and industry. Depression may certainly affect it to a slight extent by causing postponement of marriage. But is the country as a whole poorer nowadays, and therefore less able to support as large a number of children as formerly? How can anybody possibly uphold such a view when we see around us such vast improvements in the general condition of the people, especially of the poorer classes? Class levels have been gradually raised so that nowadays luxuries formerly confined to a very small class of the community are seen in the majority of homes. When we consider this aspect of the question we are forced to admit that instead of increased prosperity and improvement in the conditions of life leading to an increase in the number of children, which should be a natural result, the very opposite is the case, inasmuch as the rate is very much lower in the well-to-do than in the very poorest classes. You may say that in this latter class the restraining influences of self-control may be absent: but that this is not the reason is seen when we find that it is a general law that the rate varies inversely as the wealth of the class. So much is this the case, that it has been stated that if it were not for the hopelessly pauper class in France, the population of that country would be decreasing to-day. Can we attribute this to diminished fecundity and fertility? I think we may say, to a certain extent, as Herbert Spencer says, "That the rate of reproduction is inversely proportional to the worth of the individual." But is there such a difference between the different classes, especially in small countries, where intermarriage must be of frequent occurrence, to bring about such a difference in fertility? If you still think the improvement in the condition of the people has affected the power of reproduction so much, how can you possibly explain how a single generation has produced such an effect? It is, on the face of it, impossible, and the cause that has led to the decline in the birth rate of all civilised countries, though going along with an improvement in the conditions of life, cannot on any account be a loss of reproductive power brought about by this improvement. Does not a farmer feed his animals well and keep them in the best of condition if he wishes to get the best results? And are not the highest lambing returns obtained from the best flocks of sheep? Why, therefore, should the human species not show the same result? Finally, royal families are often very large, and if a class which has for centuries lived under the best conditions, and which, moreover, has been weakened physically and mentally by constant intermarriage, can be in so satisfactory a condition as regards fertility, how can the other classes have been affected so much? Apart from purely economic causes, let us try to discover whether there has been any changes in the social customs of the people which would tend to bring about a diminished birth rate. Conditions of social life have undoubtedly changed enormously in the last generation, and I think for the worse. Is it not a fact that the modern tendency is to live to the full extent of one's means and indulge in luxuries undreamt of by our forefathers? The young man who marries before he can afford to keep himself and his wife in the same social status as their respective parents, is not thought well of, though he may be able to live in better circumstances than his parents were able to when they married. Now, it can easily be seen that when these young people marry this will mean that no money will be left for bringing up children, and so these are sacrificed. Then, again, in modern society, the parents of large families often suffer many hardships, which childless couples escape, such as difficulties of obtaining situations or furnished houses. Why, also, should a father of a large family have to pay as heavy taxes as a bachelor? Modern education may also be looked upon as partly responsible, inasmuch as men are being educated in such a way as to unfit them for any useful work in after life, and women are being encouraged to look upon domestic duties as quite beneath their notice and to consider such a thing as classical culture superior to a thorough knowledge of domestic economy. The number of children in the family is also affected by education, as a well-meaning parent wishes to give his child the most expensive education. Thus it is that quantity is sacrificed to a seeming quality, but we unfortunately do not derive the benefits that should accrue. It is altogether forgotten that the most important factor in a man's education is not his school or college training, but the moulding of his character in his home and in his ordinary life. It is certainly a fact that children in large families have really more chance of success in life than say an only child who has missed the companionship and discipline afforded by brothers and sisters, and so something far more valuable than the most expensive university education. The geniuses of mankind have more often than otherwise been members of very large and often very poor families. Quite apart, however, from the disabilities of large families in the ordinary sense, we have the undoubted tendency to regard large families as being the outcome of folly and even worse on the part of the parents. Thus, it can be seen that the social customs of the present day tend to diminish the size of families and thus cause a decline in the birth rate.

I have endeavoured in my paper to set before you certain phenomena of the birth rate, and have pointed out the enormous decrease which has taken place in the last quarter of a century.

REFERENCES.

I am chiefly indebted to Mr. Coghlan's admirable statistical Essay on the "Decline in the Birth Rate"; also to the Report of the New South Wales Commission on the "Decline of the Birth Rate"; and to "The Decline of Human Fertility in the United Kingdom and other countries, as shown by corrected Birth Rates," by Arthur Newsholme, M.D., and T. H. C. Stevenson, M.D., a paper read before the Royal Statistical Society, 19th December, 1905.

Change of Address.

Dr. J. B. Copland, from the Chelsea Hospital for Women, S.W., to the General Hospital, Tunbridge Wells.

Dr. R. C. Lawry, from 17, Clarence Street to 13, North Parade, Penzance.

Mr. Chas. W. Randall, L.D.S. Eng., from 9, The Wash, Hertford, to 82, Kingswood Road, Birmingham.

Mr. V. Stevenson Sams, L.D.S. Eng., from "Prestholme," Sudley Road, to "Amatola," 52, High Street, Bognor.

Dr. P. H. Ward, from Kimberley, Cape Colony, to West Bank, Cape Colony, South Africa.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

Reviews.

The price of books submitted for review should in every case be stated.

Antiseptic Methods. By Harold Upcott, F.R.C.S. Pp. viii. and 51. (Baillière, Tindall & Cox.) 2s. 6d. net.

This small book has been written for the benefit of surgical nurses and dressers, and is, we think, unnecessary. Everything Mr. Upcott has written in these few pages is accurate, but it has all been written before by many authors and in many books. Those who want such a book will find it perfectly reliable, though of course it is principally concerned with the author's own technique.

THE EDITOR will, at all times, be glad to consider articles or sketches, provided that they are accompanied by the writer's name and address, not necessarily for publication. Payment is a matter of arrangement, and the fees that the Gazette *can offer are merely nominal, but if the writer desires any remuneration that fact should be stated.*

Papers by Guy's Men.

The Effects of Partial Nephrectomy in Cats. By F. A. Bainbridge, M.D., D.S.C., and A. P. Beddard, M.D., F.R.C.P.—*Journal of Physiology*, 25th March, 1907.

Head-nodding and Nystagmus. By Ilbert Hancock, F.R.C.S. Eng.—*The Royal London Ophthalmic Hospital Reports*, March, 1907.

The Hunterian Lectures on the Pathology of Melanotic Growths in Relation to their Operative Treatment. By W. Sampson Handley, M.S. Lond., F.R.C.S.—*Lancet*, 6th and 13th April, 1907.

Notes on 130 Consecutive Extractions of Cataract without a failure. By Charles Higgens, F.R.C.S. Eng. —*Ibid.*, 13th April, 1907.

On the Excretion of Nitrogen, Creatinine, and Uric Acid in Fever. By J. B. Leathes, M.B., B.Ch. Oxon., F.R.C.S. Eng.—*Journal of Physiology*, 25th March, 1907.

Clinical Remarks on the Treatment of Surgical Tuberculosis. By F. J. Steward, M.S. Lond., F.R.C.S. Eng. *British Medical Journal*, 13th April, 1907.

The Teaching of the Hygiene of the Expectant and Suckling Mother. By John F. J. Sykes, M.D., D.Sc. Edin.—*Lancet*, 6th April, 1907.

A Clinical Lecture on a Doubtful Case of Cerebral Tumour. By W. Hale White, M.D. Lond., F.R.C.P. Eng.—*The Clinical Journal*, 17th April, 1907.

Appointments.

Civil.

Copland, J. B., L.R.C.P. Lond., M.R.C.S. Eng., has been appointed House Surgeon to the General Hospital, Tunbridge Wells.

Harper, R. Sydney, L.R.C.P. Lond., M.R.C.S. Eng., has been appointed Senior House Surgeon to the Miller Hospital, Greenwich Road, S.E.

Waddy, H. E., L.R.C.P. Lond., M.R.C.S. Eng., D.P.H. Camb., has been appointed Honorary Consulting Surgeon to the Gloucester General Infirmary and Eye Institution.

Naval.

Staff Surgeon A. E. Kelsey, R.N., has been appointed to the *Diadem*.

Books Received.—Wells' Influence of Cod Liver Oil on Tuberculosis; Milroy's Practical Physiological Chemistry; Page's Physics for Medical Students; Herman's First Lines in Midwifery; Journal of the Royal Army Medical Corps for April; The Practitioner for April; The Journal of Balneology and Climatology; Journal of Physiology; British Dental Journal; The Royal London Ophthalmic Hospital Reports.

The Poisoned Cup.*

Alcoholism, as a clinical entity, is comparatively modern. The old writers knew it, as perhaps they knew of the evils that follow excessive tobacco smoking; but as a definite, tangible disease, as something which could be demonstrated at the bedside, they certainly never referred to it. Intoxications, auto and otherwise, were well enough known in ancient times, but it would be hard for even the most expert student of historical medicine to point to any definite reference of acute or chronic alcoholism in the writings of old masters.

We have changed all that. To-day alcoholism is a subject which the candidate at examinations cannot afford to despise, and on which, at the lowest computation, a score of works have been published during the last decade. Its pathology its evolution, its medico-ethical, and moral-sociological sides have been discussed to the full. Societies for the study of inebriety—rather an unfortunate title, one must confess—exist in every large city, and the number of workers in the field is increasing every day.

Under these circumstances, such a work as "The Drink Problem" must of necessity fix attention, if only for the couple of hours that suffice for its complete perusal. Belonging to the excellent series of "The New Library of Medicine," which Messrs. Methuen & Co. are publishing, it shares with its fellows in that series the merit of being well edited, well written, and of being intensely dogmatic. Unnecessarily dogmatic, one might almost say, were it not for the fact that a certain allowance must be made for the strong views of anti-alcohol men, even belonging to the medical profession, and that one expects a degree of acerbity in attack in such writings. With this little fault overlooked, and we may easily overlook it in so excellently edited a work, the combined literary labours of the thirteen gentlemen and one lady who are responsible for this contribution to an interesting discussion are well worthy of attention. As Dr. Kelynack, in his editorial preface rightly puts it, it is essentially a medico-sociological problem. Bearing that in mind, one naturally turns first to the chapters, or rather, sections—for each is complete in itself, though the degree of unity and interaction in the book is striking—which deal with alcoholism in its relation to the community as a whole. Dr. Robert Jones, who tackles the wide question of alcohol and national deterioration, seeks an explanation for the increase in drunkenness in the alleged fact that drinking has largely increased among women. To both premise and conclusion we most emphatically dissent. None of the statistics so largely writ all over this book prove conclusively that drinking, as distinct from drunkenness, is on the increase. Quinquennial expenditure on intoxicating liquors—an expenditure which has undoubtedly increased—is hardly a suitable means of estimating the progress of drink during that period. Let us take tobacco, for instance. The amount spent on tobacco has certainly increased hugely during the last decade, and yet competent authorities declare that smoking is by no means on the increase. Dr. Allbutt, for instance, declares that he considers the consumption of tobacco is relatively diminishing. Statistics based on revenue returns are apt to mislead, and we do not see what other means Dr. Jones has at his disposal to clinch his contention. Nor do we see that he has sufficiently justified his statement that there is a definite increase in the number of women drinkers. A much broader and much more extensive series of statistics will have to be produced before we are prepared to accept his conclusions. Mrs. Scharlieb, who contributes the very interesting article on "Alcoholism in Relation to Women," hardly carries the case much further. She quotes from the recently published pamphlet to show that no less than seventy-five per cent. of barmaids are intemperate. Intemperance is an unfortunate term to use in a strictly scientific discussion, and one would like to have something more definite. Dr. Sullivan, dealing with the criminal aspect of the drunkard, provides a much more forcible and convincing argument, and with his main conclusions every thoughtful reader must agree. In fact, we are rather surprised to find that he places his figures so low. Alcoholic intoxication is answerable, he says, for sixty per cent. of indictable criminal offences, . . . but it makes no appreciable contribution to crimes of acquisitiveness. It is, however, extremely difficult, if not wholly impossible, to estimate the influence of alcohol as a factor in the latter class of minor crime, and we venture to think that if the matter was systematically considered, the percentage of trivial offenders who are drunkards would be a relatively high one. Equally clearly does Dr. Crowley make out a convincing case against alcohol as a factor leading to an increase of pauperism. His article, indeed, is one of the most impressive

*"The Drink Problem." Edited by Dr. T. N. Kelynack. Methuen & Co., 7s. 6d. net.

and thoughtful chapters in the book, but we do not wholly come into line with his suggestions as to remedial measures.

Turning to the other chapters, Professor Sims Woodhead deals with the pathology of alcoholism in an article which it will repay the student carefully to read. Dr. Clay Shaw discusses the psychology of the drunkard, and Dr. Hyslop gives an interesting account of alcoholic intoxication as a factor in the causation of insanity. Dr. Newsholme, Mr. Atkinson, and Mr. Eccles respectively contribute papers on "Alcohol and Public Health," "The Medico-Legal Relations of Alcoholism," and "Alcohol and Life Assurance," papers with which we cannot deal at all in the limited space at our disposal.

The interested reader, after pondering all this detailed account of the horrors of alcohol, will naturally want to know what should be done to check or stay its ravages. Dr. Kelynack has his plans cut and dried, and each of his co-operators give glimpses of their views on the arrest of alcoholism in the course of their respective papers. Dr. Taylor insists on the importance of organised research, instruction to medical men and nurses, and, more than that, instruction of the laity. Mr. Atkinson has some very sensible proposals with regard to the legal aspect of the reform that is to come. He adopts, in the main, the propositions laid down by Dr. Reid in the latter's interesting "Alcohol: a Study in Heredity," and desires to reintroduce the severe mode of discipline which Boethius, in his "De Veterum Scotorum Moribus," tells us was at one time established in Scotland for the radical prevention of chronic diseases. Dr. Kelynack is less drastic. He still thinks that temperance reform is likely to do good, and pays a great deal of attention to "rational prophylaxis," by which, so far as we can gather, he means the "safeguarding of the child from the access of all toxic and deranging influences." Further on he speaks of the "redemption of the inebriate," and lays down certain lines of treatment. He wishes legislation, State-controlled homes for the drunkard, restraint, restriction of the sale of alcoholic intoxicants ("clubs," he remarks, "should be brought under more definite control"), and more power to local licensing bodies. Dr. Reid has already shown how miserably "Temperance Reform" has failed to deal with the problem, and it seems an anachronism, in a book so modern as that which Dr. Kelynack edits, to revert to it. The legal enforcement of moderation, as Reid pointed out, is out of the question, and coercive measures, or legislative restraint, have so far done very little. The various systems which have been tried, in Sweden, Germany, and elsewhere, have succeeded only in so far that they have restricted the sale of alcohol; they have failed wholly to confine its consumption within "moderate" limits. There are, of course, cases where legislative control, imposing certain restrictions, has enjoyed a measure of success in dealing with the problem. One of these, not referred to by Dr. Kelynack, is the restriction on the sale of ether in Ireland, which has undoubtedly led to a diminution in ether drinking. But we fail to see that restriction, control, prohibition, and the other measures which Dr. Kelynack proposes, can adequately deal with a problem the true solution of which lies on the lines pointed out by Reid, and before him by Tardieu.

The book is excellently printed, as indeed are all the works in Messrs. Methuen's series, and is one of the most important and serious contributions to one of the most vitally important discussions of the day.

Appointments.

Medical School Appointments.

The following appointments have been made by the Treasurer upon the recommendation of the Medical Council:—

Clinical Assistants in the Medical Wards.—Messrs. W. W. Cook (Dr. Taylor); G. W. Dryland (Dr. Hale White); B. H. Palmer (Dr. Newton Pitt); A. N. Leeming (Sir Cooper Perry).

Clinical Assistants in the Surgical Wards.—Messrs. F. H. Fuller (Mr. Lane); F. J. Wheeler (Mr. Dunn).

Ophthalmic Dressers.—Messrs. M. K. Nelson (May 1st) (Mr. Eason); J. B. Martin (June 15th) (Mr. Ormond).

Surgeons' Dressers.—Messrs. F. J. Cutler, A. E. Lees H. E. H. Mitchell, K. H. Hole (Mr. Golding-Bird); J. Walker, H. Chapple, D. Allan, H. O. Brookhouse, P. S. Price (Mr. Symonds); D. Reynolds, S. S. Brook, L. Mandel, H. Shahin (Mr. Lane); H. R. Mullins, H. A. Sanford, V. P. Hutchinson, W. Johnson (Mr. Dunn).

Obstetric Dresser.—Mr. E. L. M. Lobb (Dr. Horrocks) (May-June).

Assistant Demonstrator in Anatomy.—Mr. W. E. Williams.

Assistant Demonstrators in Histology.—Messrs. A. Neville Cox and H Gardiner.

Externs.—Messrs M. R. Dobson, P. V. G. Pedrick, G. F. Syms (May); T. Evans (June); E. L. M. Lobb, M. E. Ball, H. I. Janmahomed, E. R. Stone (July).

Birth.

GROVE.—On April 4th, at St. Ives, Huntingdonshire, the wife of William Reginald Grove, M.D., of a daughter.

Death.

PHILLIPS.—On March 27th, at 39, Albany Villas, Hove, after a few days' illness, Lawrence Willmer Kinglake Phillips, M.D., second son of Barclay Phillips, of 7, Harpur Place, Bedford.

Ed.—C. L. L.

GUY'S HOSPITAL GAZETTE.

VOL. XXI., No. 492.] MAY 4, 1907. [SIXPENCE.

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Dr. Taylor's Retirement.

YESTERDAY afternoon Dr. Taylor went round his wards for the last time as Senior Physician; to-day he has joined the distinguished ranks of our Consulting Staff, wherein, we sincerely trust, he may for yet many years continue to do service both for the Hospital and Medical School.

Dr. Taylor's connection with Guy's is one that dates back for more than forty years, linking the present with the memorable past, when Bright, Addison, Gull, and Wilks moved and worked among us. His retirement, after thirty-four years' Staff service, means a loss which can be more easily felt than its importance can be expressed in words. During his career, as Dean of the School, as Assistant Physician, as Physician, and as Dean of our Medical Faculty, he has done much to increase and extend the influence of the Hospital, and as much to further and advance the progress of medicine itself. It is unnecessary here to refer specifically to his achievements. The partial bibliography, which appears elsewhere in this issue, incomplete and fragmentary as it is, shows how much he has personally contributed to medical literature, and the Hospital Reports, which for many years he edited, in a manner so excellent that they remain as models for future editors, prove how wide was his purview and how catholic his interpretation. As a teacher and examiner his influence has reached far beyond our own student population, large though it be. For many years he acted as examiner, not only to the London University, but to the Royal College of Physicians and to the University of Durham. As a teacher his reputation was second to none. It is true that, with some of the junior men, whose qualifications for the *rôle* of criticaster consist in the abundant display of stethoscope tubing, the Taylor firm was not a favourite. They complained, perhaps with truth, that service on it entailed a closer acquaintance with the etymology of the English language, with phonetics and acoustics, than the limitations of life permitted; they protested that the subtle weaving of philological webs,

"Fine as the skein of the casuist Escobar's,"

was not a necessary qualification for the understanding of clinical medicine, nor an appreciation of the Greek notion of colour indispensable for a proper differentiation between chlorosis and chloasma. But to those who fell under the spell it was just this excursion into the sidewalks, this annoying insistence on correct observation, and precise, unbiassed reporting, to which some men so strenuously objected, that made his teaching valuable, for it taught them

to appreciate, at least, the importance of detail and the desirability of bringing to a discussion on diagnosis an open mind and the courage to refuse to a symptom the privileges which pertain to a clinical entity.

To the Medical School, to our social and sporting world, his retirement is an equal loss, though it does not of necessity mean that he will no longer serve the School by his position on the Senate of the London University, or the Football Club in his capacity as President. We feel confident that he will maintain his interest in both, and that, as a consultant, his care for the welfare of the institution with which he has been associated so long and so honourably will be as great as when he was a member of the active staff. In bidding him farewell, we join with the scores of practitioners and students whose lives and careers he has influenced, and who look back with pleasure, tinged with regret that the time was so short, to the days when they served under "Freddy," in wishing him a long and happy career as a member of the Consulting Staff.

An Appreciation.

In the autumn of 1893, during the early days of his studentship at Guy's, the present writer first saw Dr. Taylor. It was a case of "Who ever loved, that loved not at first sight?" for the memory of that occasion has never faded; the tall spruce figure, and the keen, legal face, with the under-lip a little forward, appealed to the boy's imagination, and told him that here was the ideal physician of his dreams—the man from whom he would learn the science and art of medicine. First impressions, as always, held their own, and in later years, as ward clerk, clinical, house-physician, and colleague, the early bond of attraction has so grown in strength that Dr. Taylor's retirement from the acting Staff comes as the loss of a parent. It is certain that this feeling is being shared by many during this week, for Dr. Taylor is the medical god-parent of nearly every member of the School. Appointed to the Staff in 1873, at the age of twenty-six, and Dean of the School in 1874, his hospital career has been so long that hardly any of the present generation can remember the time when he was not a power and an influence.

Throughout the whole of this period of thirty-four years Dr. Taylor has stood consistently for the principles of accuracy and truth. If one were asked to sum up his attitude in one single characteristic, one would unhesitatingly say Integrity; integrity in thought, action and example has given him a position and authority which will pass away with him and leave us all the poorer.

In medicine, likewise, the keynote of Dr. Taylor's work has been the desire for the truthful record of all that could be observed. His views on the subject could not be described more felicitously than they are by R. L. Stevenson in his essay on *Truth in Intercourse*:—

"The truth . . . has first to be discovered, and then justly and exactly uttered. Even with instruments specially contrived for such a purpose—with a foot-rule, a level, or a theodolite—it is not easy to be exact; it is easier, alas! to be inexact. From those who mark the divisions on a scale to those who measure the boundaries of empires or the distance of the heavenly stars, it is by careful method and minute unvarying attention that men rise even to material exactness or to sure knowledge even of external and constant things. But it is easier to draw the outline of a mountain than the changing appearance of a face; and truth in human relations is of this more intangible and dubious order; hard to seize, harder still to communicate."

All recollections of Dr. Taylor as a hospital physician centre round this characteristic attitude. To every one, from ward clerk to house-physician, he preached the necessity of finding the truth in medicine, as expressed by symptoms and physical signs, and recording it accurately and without bias. This done, deductions could be made by anyone now or hereafter, whereas if only the ephemeral deductions of to-day were recorded and not the premises thereof, the value of the work would vanish with the reporter and be of no lasting worth.

Hence, though to junior students Dr. Taylor's gibes at "india-rubber kidneys," and his query as to whether you meant that they would bounce if they were dropped; his irritation at the repetition of such domestic metaphors as "nutmeg liver," "sago spleen," or other items of the medical menu; his sarcastic allusion to the cat which he possessed at home, which could be correctly but misleadingly described as "cherry coloured, with rose-coloured feet," might often be incomprehensible; men began, as they grew older, to appreciate that his first principles were sound, and that in slovenly

and inaccurate description the truth might be irrevocably lost. His clerks had to learn, therefore, that though brilliancy of diagnosis, picturesqueness of epithet, attractive dogmatism, and denunciation of your colleagues might follow in due season, the accuracy of their reports was the cardinal virtue while they were working for him.

To older men, especially to his house physicians, the association with their chief was an unalloyed delight; his keenness, enthusiasm, memory and humour were a never-ending source of pleasure, and he was at his very best during those informal Sunday morning visits, when he would go round the wards for his own pleasure and information, making accurate notes for his private record of hospital cases, notes that were the confusion of the careless clerk caught napping on the following day. On those Sunday mornings one was comforted to find that what one did not quite believe, Dr. Taylor very possibly did not believe either; that he was as much a sceptic as you were, though ten times as well informed; that he was as modern as the youngest, though, having seen so many fashions in medicine come and go, so many panaceas relegated to the limbo of forgotten frauds, his judgment was not warped by the novelty of the moment, were it the sphygmograph, blood-counts, opsonins, or cryoscopy. He might never make a diagnosis, but that was only because he had thought of so many more possibilities than the obvious, and *Ascites*, *Hepar Auctum*, or *Morbus Cordis* did not reach his standard of a pathological conception.

It is sad to think that so great a hospital physician with such a critical mind must leave the hospital in the very prime of his existence, but it is not without a feeling of pride that one reflects that thirty-four years of Hospital work should have left such little mark upon his constitution and intellect. Annuitants, they say, live for ever, because they have no worries, and Dr. Taylor must always have stood in the same relation to his conscience. Nothing has ever stood in the path of his duty to the Hospital and School, and if ever a man earned the gratitude and admiration of his colleagues and pupils Dr. Taylor should have done so. The grief at his departure will happily, to some extent, be assuaged by the knowledge that, owing to his recent election to the Senate of the University of London as the representative of the Royal College of Physicians, his gifts and energies can be devoted in the future to the maintenance of the fame of his University, of which he has been so great an ornament. E.

A Bibliographical Note.

THE following is a partial bibliography of Dr. Taylor's more important publications:—

A Manual of the Practice of Medicine, 1st edition, 1890; 7th and latest edition, 1904.

Lumleian Lectures on Some Disorders of the Spleen.

Gibson's Text-Book of Medicine. Articles on "Chorea" and "Spasmodic Torticollis."

Allbutt's System of Medicine, vol. vii.; Article: Myelitis.

Causation of Aegophomy; Med. Chirurg. Transactions, 1895.

Microsporon of Ringworm; Brit. Journal of Dermatology.

Physical Rest in the Treatment of Chlorotic Anæmia; Practitioner, 1893.

The Spleen and its Sufferings; Birmingham Medical Review, 1905.

Papers in GUY'S HOSPITAL REPORTS:—Abnormalities observed in the dissecting room, Sessions 1870-71, 1871-72; xxxiii., 389. A case of abscess between diaphragm and liver; xxxiv., 257. A case of excretion of urea by the skin; xxxiv., 405. A case of diabetic coma, treated by injection of saline solution; xxxiv., 521. On pulsation of the liver; xxxv., 377. A case of deficient septum ventriculorum with cardiac murmur; xxxv., 566. The diuretic action of resin of copaiba; xxxvi., 1. On the nervous system in diabetes; xxxvii., 415. A sequel to a case of pulsation of the liver; xxxvii., 507. On unilateral atrophy and spasm; xxxviii., 15. A history of idiopathic or pernicious anæmia, with cases; xxxviii., 183. Cases of tetanus treated in Guy's Hospital; xxxviii., 339. Diseases of the brain with descending degeneration of the cord; xxxix., 169. The fatal termination of diabetes, especially by coma; xl., 147. Paralysis of the abductors; xli., 353. Aortic aneurysm opening into the pulmonary artery; xlii., 391. Multiple neuritis; xlv., 287. Malignant endocarditis; xlviii., 169. Actinomycosis of the liver and lungs; xlviii., 311. Malignant disease of the chest and abdomen; xliv., 123. A case of shingles followed by paralysis of the abdominal muscles; lii., 37. Cases of cirrhosis of the liver in children, with some remarks on cirrhosis; lii., 45. A case of splenic anæmia or primary spleno-megaly; lii., 173. Myelitis and optic neuritis; liii., 45. Splenomegalic cirrhosis of the liver; A sequel; liv., 1. Two cases of volvulus, of which one was successfully treated by resection of the twisted bowel (with Mr. Lane); lvii., 1. A case of suppurative pylephlebitis; lvi., 109. The chronic relapsing pyrexia of Hodgkin's Disease; lx. 1.

Some papers contributed to GUY'S HOSPITAL GAZETTE:—Addison's disease; iii., 137. Tubercular peritonitis; iii., 17. Apoplexy and paraplegia; vii., 405. Two cases of intestinal obstruction; vii., 456. On pyaemia; viii., 385. Rest and digitalis in heart

disease ; xiii., 181. Two cases of bronchiectasis ; xiii., 221. Intra thoracic pressure ; xiv., 189. Some complications of typhoid fever ; xiv., 285. Two cases of intestinal obstruction ; xiv., 233. The differential diagnosis of prolonged pyrexia, xv., 101, 121. Two cases of paralysis in children ; xv., 167. Posterior basal meningitis ; xvii., 126. On Addison's disease ; xvii., 145. Some abdominal tumours ; xvii., 165. On some convulsive disorders ; xvii., 229. On Diphtheria ; xviii., 164. Varieties of morbid respiration ; xx., 4. Treatment of heart disease ; xx., 48. Tremors ; xxi., 69.

The Last Round.

To go round with Dr. Taylor for the last time ! It was a large number of old H. P.'s, clerks, clinicals, and friends of the Taylor firms during the last thirty years, that foregathered in the colonnade yesterday afternoon in anticipation of going round the wards with their old chief for the last time. From half-past one till three o'clock new arrivals came, augmenting the throng, till finally the colonnade resembled the reception room at a Biennial dinner.

At three, Dr. Taylor, accompanied by Dr. Shaw, arrived, and a move was at once made to the wards. Among those who followed in the chief's wake were, Sir Thomas Stevenson, Mr. Symonds, Sir Cooper Perry, Dr. Pitt, Dr. Hale White, Dr. Horrocks, Sir Alfred Fripp, Dr. Fawcett, Dr. Eason, Mr. Ormond, Mr. Mollison, Mr. Thompson, Dr. Bell Walker, Dr. Hertz, and Dr. Cameron, representing the Medical, Surgical, and School Staffs ; while Dr. Fortescue Brickdale, Mr. Milligan (Northampton), Dr. Thomas (Swansea), Dr. Lacy, Dr. R. Mayston, Dr. Bramley Taylor, Dr. Cazenove, Dr. F. Vicars, Dr. Clarke, Dr. Hickman, and many others, represented that large section of old Guy's men who have been associated with the Taylor firm in various capacities.

In Addison, a halt was made before 43 bed, wherein was an interesting case of recovering typhoid, presenting several unusual features. Here, for ten minutes, Dr. Taylor stopped, demonstrating the case in his usual thorough manner to his audience. The next case was that of the liver growth, reported in full in this issue by Mr. Purdom, and after that came No. 33, a case of saphenous vein thrombosis. An adjournment was then made to Mary, where three good cases were seen. None of the cases were lingered over. The last round was a rapid one, but each case presented some special feature, on which Dr. Taylor contrived to fix the attention and interest of his listeners.

In Addison, sister and the nurses had laid tea, and hither the company adjourned. Mrs. Taylor, Lady Perry, Lady Fripp, Mrs. Cosmo Bonsor and Mrs. Shaw were present, and an interesting event was the presentation of a large bouquet of pink roses and maidenhair to Mrs. Taylor by three little boys, convalescents under Dr, Taylor's charge.

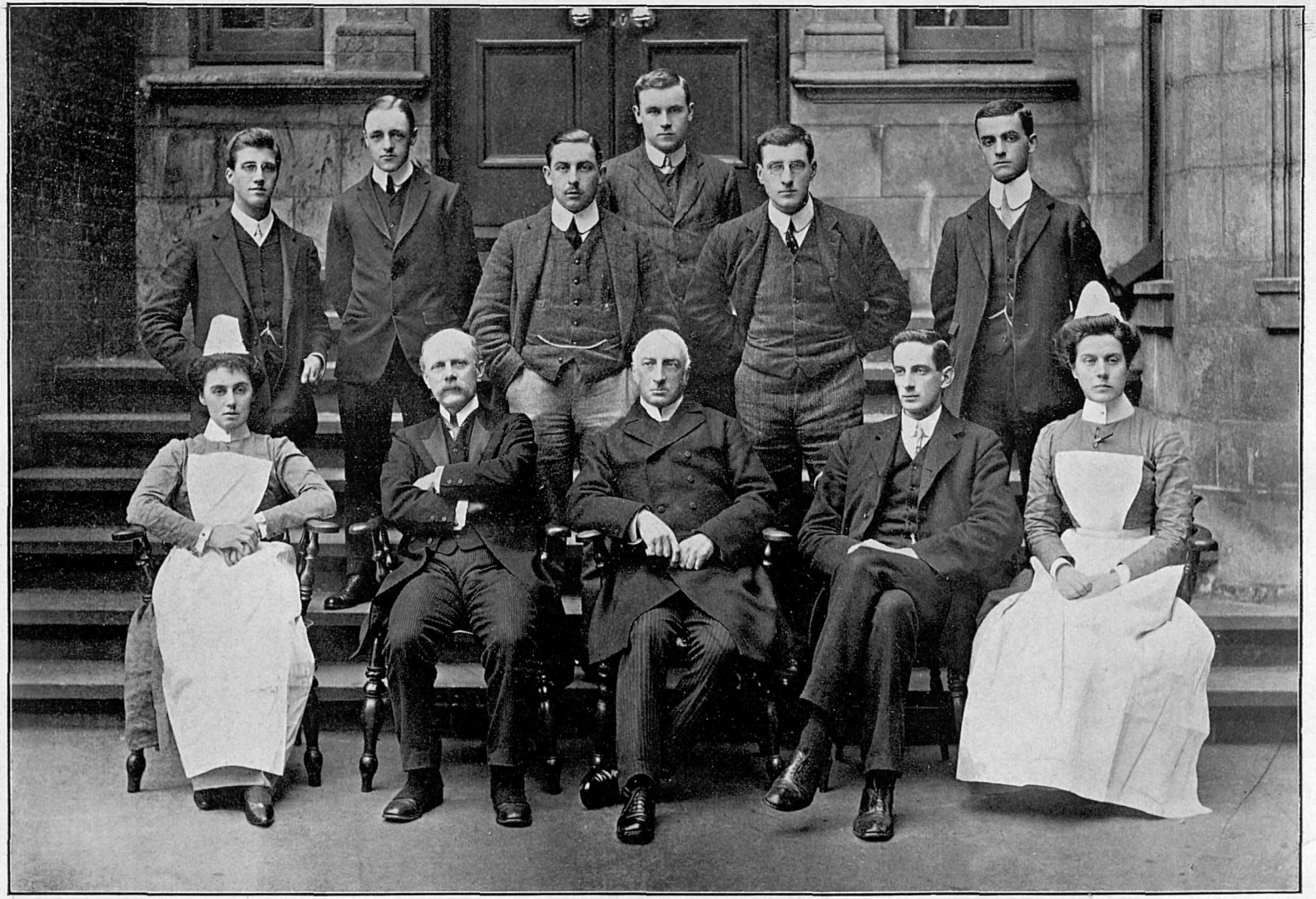
When full justice had been done to the tea provided, Mr. Purdom, Dr. Taylor's H.P., presented the retiring chief with a silver cigarette box. The box bears the following inscription :—

> Guy's Hospital School has had many worthy sons and strenuous supporters, but none more worthy of the love and honour with which he is regarded by all who know him, none more keen, level-minded, whole-hearted, and self-forgetful in the service he has rendered through many years and in many diverse ways than Frederick Taylor.
>
> This small token is offered by the few who are still at the Alma Mater, where he is elevated to the Consulting Staff as representing the very many who realise that they owe much to his example and influence, alike in work and in sport, since he joined in 1863, with sincere and affectionate wishes for the continued health, happiness, and prosperity of himself and Mrs. Taylor.

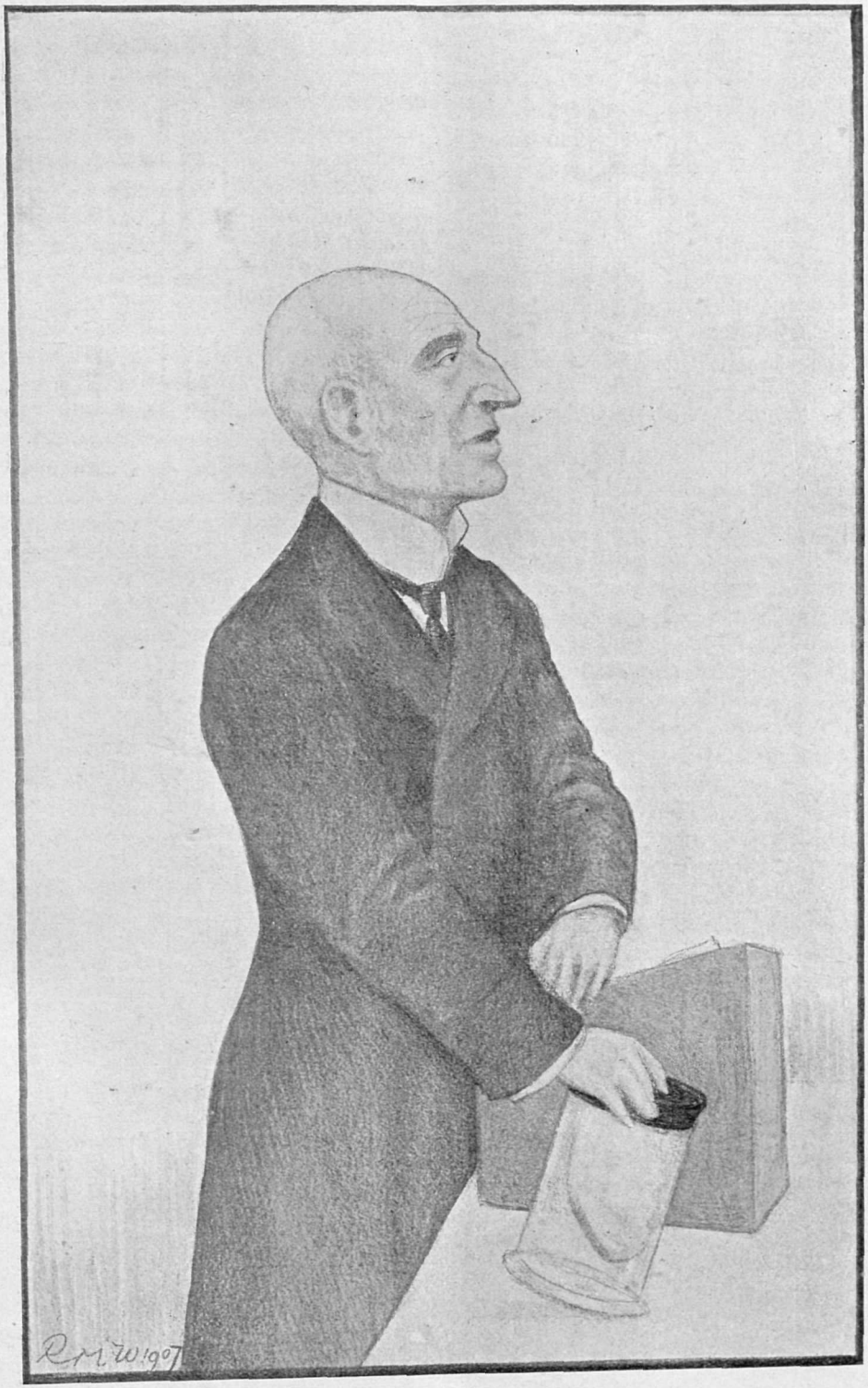
Dr. Taylor replied in a few words of thanks, speaking rather low in a voice that was not well heard at the outskirts of the audience. He had asked Mr. Purdom to read aloud the inscription on the cigarette box. Had he known, he said, what that inscription was, he would not have done so, or if he had read it himself he would have taken the liberty to qualify some of the expressions. (Laughter.) He thanked them all very cordially for the kindly way in which they had assembled to bid him farewell. He would not say much. The present occasion was, of course, an inevitable one ; it had had to come, but it was the sort of thing one liked to put off. For forty, or rather forty-three years, he had been connected with the hospital, and needless to say he would feel the parting. He had entered in 1863, a very young lad. In fact, Dr. Hilton Fagge had said that he (Dr. Taylor) had entered "in jackets." (Laughter.) That was not really the case, but at any rate he had started very young, and had been connected with the hospital ever since. There was, it was true, a short time when he was working at the Drury Lane Dispensary, but even then his connection with the hospital was not broken, for he came up very often. Well, he thanked them all, especially his old H.-P.'s, whom he saw around him, for having come that afternoon. He did not know if it was necessary for him to make any remarks to the students present. If there was anything that tended to ensure success in life it was work, and the advice he would give to all was to work. There ought never to be any question of shirking one's share of work. He thanked them all heartily on behalf of Mrs. Taylor and himself, and he wished them God speed—not farewell. (Applause.)

A move was then made to the ward itself, where a photograph of the gathering was taken.

Dr. Taylor's Firms, October, 1906, to March, 1907.



Dr. Taylor's Last Firm.



"**FREDDY.**"—A Pencil Sketch.

Passim.

A CORRESPONDENT, who shares with us a sneaking liking for the ephemeral penny weekly press, forwards us sundry cuttings from *M.A.P.* To the uninformed, it may be explained that *M.A.P.* is a weekly periodical dealing (as Mr. O'Connor meant its name to explain) with personalities, but as it is a difficult matter to write "mainly about people," our contemporary sometimes takes it into its columns to digress into matters of more general interest than Lord So-and-So's doings or the latest green-room chat. This week it has seen fit to publish an article which, if it were not for the harm that such absurdities do, would be most amusing reading. It is from this specimen of thoughtless pen-driving that our correspondent sends cuttings. There is no need to traverse the absurdities which appear in these cuttings. Here are some of them, and to anyone who knows anything of hospital methods or hospital work, their foolishness will at once be apparent. "The greatest sham is the hospital." "It is the maximum of cost with the minimum of efficiency." "The hospital nurse is a white slave. Her noble profession is one of the sweated industries. She is brutally overworked and underfed. Unless she has the constitution of an iron ox, she becomes a wreck in a year or two. . . . A few nurses are lucky enough to marry a doctor, but the majority of them find rest in an early grave." "The glittering staff of consultants . . . cannot possibly devote themselves to the patients in the hospital who do not pay, as well as to the patients outside it who do. Their daily visit is a perfunctory pretence. . . . The visit is a lightning affair, for the big man's time is money, and he must gallop through his work."

SUCH stuff, unfortunately, finds readers, and, as hospital subscription lists show at times, believers as well. Those who know that it is a tissue of absurdities "woven on the bone of a lie," may pass it over, with a smile at the number of adjectives the writer uses, and a shrug at the editor who holds it worth while to publish such an effusion. But the majority of *M.A.P.* readers are presumably not medical men, or people acquainted with hospital work and management. They will take all this tomfoolery about the nursing and consulting staff for an actual statement of fact. It is futile to point out to them that a consultant never visits the hospital to attend patients, or that the expectation of life, in a nurse, is something more than a couple of years. The only way in which they can be reached is through their own papers, and the hospital patient who will write an article to *M.A.P.* and tell his own experiences at the hands of the staff, will be able to do more than the professional man who elaborately sets himself to refute statements which are not worth sober attention.

LAST week the Medical School received an invitation, written on a post-card, for students to attend a lecture on Christian Science at the Albert Hall. No one, it seems, availed himself of the invitation, possibly because it was not posted on the notice-boards. Now, however, comes an announcement of a more interesting event, to which some of us may pay greater attention. Professor Halliburton, of King's College, will meet Miss Lind, of Hageby, at the Portman Rooms, Baker Street, on May 16th, at 8 p.m., to debate the question of Vivisection. Professor Halliburton is well known to all of us, and Miss Lind has shown herself one of the most trenchant of the little band of Abolitionists whose guiding star is Dr. Hadwen. The encounter between such antagonists should be worth listening to.

DR. KNOTT, of Southsea, to whose love of Dickens, combined with a reverence for this hospital, we owe the "Tiny Tim" cot in Miriam —surely of all our cots the finest, and, if a plebiscite of infants could be taken, very likely pronounced the most comfortable as well—is bestirring himself to provide yet another Dickens' bed or cot for us. In forwarding an annual subscription to Mr. Wells, he suggests that it be placed "to the account of the 'Little Nell' cot, in the hope that it may arouse interest among Dickensites to complete it." In Portsmouth,

he writes, there is a great movement for building new wards at the Royal, and also for raising the money—£400—for the endowment of a local "Tiny Tim" cot.

It is, perhaps, singularly appropriate that we should have two Dickens' cots. The district this hospital serves was his district. From London Bridge to the Elephant is "Dickens' Land," and, as so little remains whereby to remember the great novelist, it is fitting that some effort should be made to keep his memory green among us. Nor do we imagine that he would have liked a more suitable monument than such a one as Dr. Knott proposes, or than the one that already stands in Miriam. Dickens took a keen, active interest in hospital work. He sometimes treated the faculty with scant courtesy, but behind his fun there lay a solid appreciation of the real good that the breed of Tom Sawyers did. Most of us are lovers of his works—some less, others more—but the majority certainly in such a degree that we can spare a trifle towards endowing the "Little Nell" cot. Mooted many years ago, shortly after the establishment of the "Tiny Tim" cot, this projected addition has never crystallised into actuality, and we sincerely hope that Dr. Knott's contribution may have the desired effect of stimulating interest among readers of Dickens so far that they may communicate with Mr. Wells.

The attempt, made some time ago, to obtain particulars of the old Army officer, whose portrait is the chief adornment of the clinicals' sanctum, failed because it appears that no one knew very much about him. Dr. Savage, it is true, gave us a short notice of his dissection, but since then no one has reverted to the subject. It would be interesting to find out something more about his career, or his connection with Guy's. His legacy to the dissecting room, it appears, was not a solitary specimen of the post-mortem generosity of the age, and if one were to compile a list of the various people, more or less eminent in their lifetime, who bequeathed their remains to Guy's Hospital, the list would be a long one.

Also it would be of some interest. Only recently we came across the account of the dissection, at Guy's, of the body of that eccentric, and in many ways eminently loveable, old medical scamp, Dr. Messenger Monsey. Dr. Monsey, whose will was as eccentric as his life had been, directed that his body should "not be insulted by any so-called funeral ceremony, but should undergo decent dissection at the hands of one skilled in the work." After which, the will proceeds, "the remainder of my carcase may be put into a hole, or crammed into a box with holes and thrown into the Thames." His coffin was accordingly brought to this hospital and his body publicly dissected by Mr. Forster, Surgeon, of Union Court, Broad Street, who afterwards gave "a lecture upon the viscera thereof to the students of St. Thomas' and Guy's in the theatre of the latter institution." It is a pity Monsey did not leave us something besides his body. His very respectable fortune, acquired after more than sixty years' practice, he left to his only daughter, entailed, in a very complicated fashion that threatened endless legal warfare, to her *female* descendants!

It is to be hoped that the present season of the Guy's Hospital Rifle Association will be as successful as the last. It is highly desirable that all men who are interested in shooting should make an endeavour to turn out whenever they are asked to do so. For the sake of Freshmen, it may be stated that there are two Inter-Hospital Cups; the "Bisley Cup," at present resting in the smoking-room, shot for at the Bisley meeting, ten shots at 500 yards, teams of six; and the "Armitage Cup," for teams of six, four shoots on fixed days at 200, 500, and 600 yards, decided on the aggregate of three scores. The present holder of the Armitage Cup is St. Mary's.

In addition to these, there are two individual cups, the "Newton Pitt Cup," open to members of the "G.H.R.A.," an open competition at 200, 500, and 600 yards, at the Annual Prize Meeting; and the "Arnold Cup," open to all members of the United Hospitals Rifle Club, shot for under the same conditions at the U.H.R.C.

Prize Meeting. The club possesses a rifle for the use of members, and ammunition may be purchased from the hon. sec. at cost price. The club provides it for the team in Armitage shoots.

ALL shooting will this year take place at *Bisley*. Volunteers, etc., can obtain cheap return tickets to Brookwood, on production of voucher, and an endeavour is being made to arrange for cheap return tickets for all members. Two matches are already fixed, and others are in course of arrangement. With regard to revolver shooting, a list will be found in the smoking-room on which members are requested to sign their names. Should a sufficient number be obtained, arrangements will be made for practice, and also for a competition at the Prize Meeting. Any further particulars may be obtained from the hon. sec. or any member of the Committee, whose names will be found in the Clubs' Union Blue Book.

SHOULD there be any members who wish to do more shooting than is afforded by the Club fixtures, they can, for the subscription of 5s., become members of the Middlesex Rifle Association. The M.R.A. hold shoots at Bisley every Saturday till the end of September, except during July. Members are divided into four classes, and a shoot at 200, 500, and 600 yards for a silver spoon, value 5s., costs 2s. 6d., *including* ammunition. The M.R.A. also have a revolver spoon shoot every Saturday; entrance fee, 9d. per ticket, including ammunition and the use of a revolver. The hon. sec. will be pleased to give further particulars to any members who may desire them. The following is the programme of shooting for the season:—

Wednesday, May 15th.—Practice shoot (for full particulars see notice board). First Armitage shoot.

Wednesday, May 29th.—Second Armitage shoot.

Wednesday, June 12th.—Third Armitage shoot.

Wednesday, June 19th.—Annual prize meeting; "Newton Pitt" challenge cup.

Wednesday, June 26th.—Last Armitage shoot; U.H.R.C. prize meeting; "Arnold" challenge cup; N.R.A. Donegal badge.

Saturday, June 29th.—U.H.R.C. match against Sandhurst.

Thursday, July 18th.—"Bisley Cup."

The dates of matches will be posted when arranged.

WE offer our congratulations to Mr. C. G. Douglas, B.A., B.Sc., formerly demy of Magdalen College, who has been elected to an official fellowship at St. John's College, Oxford. Mr. Douglas obtained a first class in the final Honours School of Natural Science (Physiology) in 1904, and the degree of B.Sc. in 1905.

Notice.

ENTRANCE SCHOLARSHIP IN DENTAL MECHANICS.

The above Scholarship has been equally divided between Candidates Nos. 8 and 11:—

Messrs. C. H. G. Penny and G. E. H. H. Phillips (£10 each).

SCHOOL EXAMINATION IN MEDICINE.

The School Examination in Medicine will be held in the Committee Room in the Medical School on Monday, May 6th, at 10 a.m.

The Revision Classes in Medicine will begin on Wednesday, May 22nd, and will be held in Class Room III., as follows:—

On Mondays at 9.30; on Wednesdays at 12; on Saturdays at 12.

Dental News.

THE following case recently came under our notice:—

Patient, æt. 8, admitted for swellings in superior maxilla and mandible, on the right side. Swellings first noticed six months ago, that on the mandible first. No increase in size lately, and not painful. Tooth had been extracted over position of swelling in upper jaw three weeks before admission.

Condition on Admission. — Swellings in superior maxilla and mandible in position of upper and lower deciduous first molar on right side.

Swellings rather bulge cheek, and both expand outer plate of alveolus more than inner. On pressure on the swellings, "egg-shell crackling" is very marked.

Treatment.—Patient anæsthetised with chloroform. Cysts were then opened by making a longitudinal incision on outer surface of alveolus and then removing part of the outer alveolar plate. Clear fluid escaped on opening into the cysts. The interior of the cysts were then scraped with a Volkmann's spoon, and on repeated scraping a tooth was encountered in the lower cyst. The tooth was removed and was found to be the permanent lower canine with the crown and part of the root formed, and it was in the normal position for a canine tooth at this age. The tooth apparently had nothing whatever to do with the formation of the cyst, both cysts being "dental cysts" arising in connection with septic teeth, and not with erupting teeth. The cavities were lightly packed with aristol and gauze. *Dental cysts at this age are* rather uncommon.

Clinical Notes.

CASES FROM THE MEDICAL WARDS.

A Case of Irregular Enlargement of Liver.

(*Report of Ward Clerk*, Mr. E. P. L. Hughes.)

J. T. G., æt. 30, a soldier, was admitted into Addison December 5th, 1906, under Dr. Shaw, for pains all over the body, most severe in upper part of abdomen.

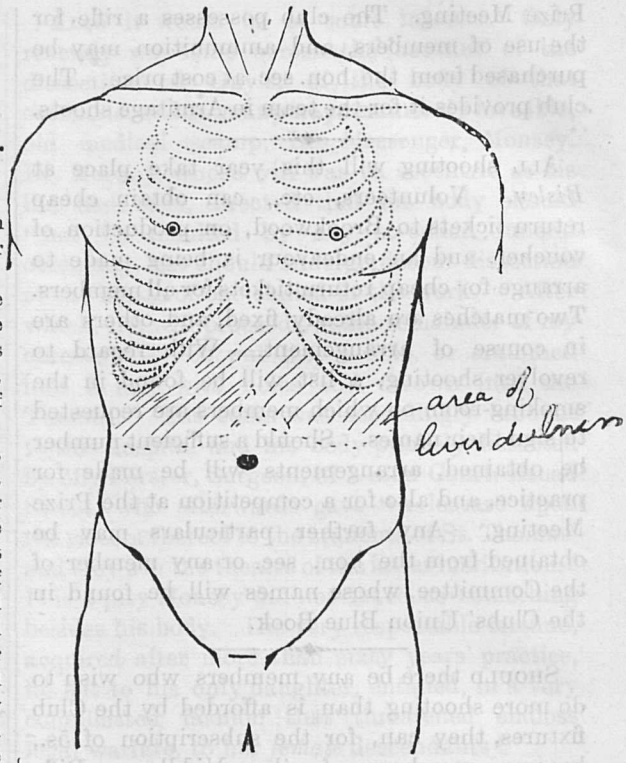
Family history.—Father alive, mother dead; cause unknown. Patient is one of sixteen children, only five of whom are living; he does not know what the others died of. Patient is married; he has had six children, four now living; one died of dysentery, the other of convulsions.

Previous history.—Patient has mostly lived in England, but has spent two years in Malta with his regiment, leaving there in July of this year; he had Malta fever in April, 1906, and it lasted until September when he was home; while in hospital in Malta it was found that he had a large liver; he was put on large doses of iodides without any effect, so he was operated on, and they found hard cheesy globules which, on microscopical examination, were thought to be gummatous. After arriving in England he was sent to Netley hospital until November 13th, when he was discharged; he was very weak. He has piles, but does not lose much blood from them. There is a history of syphilis ten years ago; he has been accustomed to take two or three pints of beer a day, but has never been an excessive drinker.

History of the present illness.—The day after leaving Netley the pains returned all over the body, but especially in the region of the liver; he stopped in bed for a week and then got up for a day, but was obliged to return to bed again for four or five days; he got up once or twice more, and then was obliged to take to his bed until he came up here. The pains are much worse when he is walking; he is very short of breath, and cannot walk far without getting tired. He has never vomited all through his illness; cannot remember ever having been jaundiced. This last week he has noticed that any food he takes hurts him as it goes down, and he has increased pain in the region of the liver for about an hour afterwards. He has been constipated. He is often taken with shivering fits, and occasionally has slight attacks of diarrhœa. While at Netley he used to have severe attacks of sweating usually when he went to sleep.

Condition on admission.—Pulse 112, respiration 28, temperature 97°. Patient has a rather anæmic muddy-looking complexion; at first sight he almost looks jaundiced, but the sclerotics of his eyes are quite white. He is fairly well covered; there is a scar about five inches long between the umbilicus and the end of the sternum; he lies on his back quietly in bed.

Alimentary system.—Teeth, fairly good. *Tongue*, clean and moist. *Abdomen*, rather full, moves on respiration; there is a scar five inches long between the umbilicus



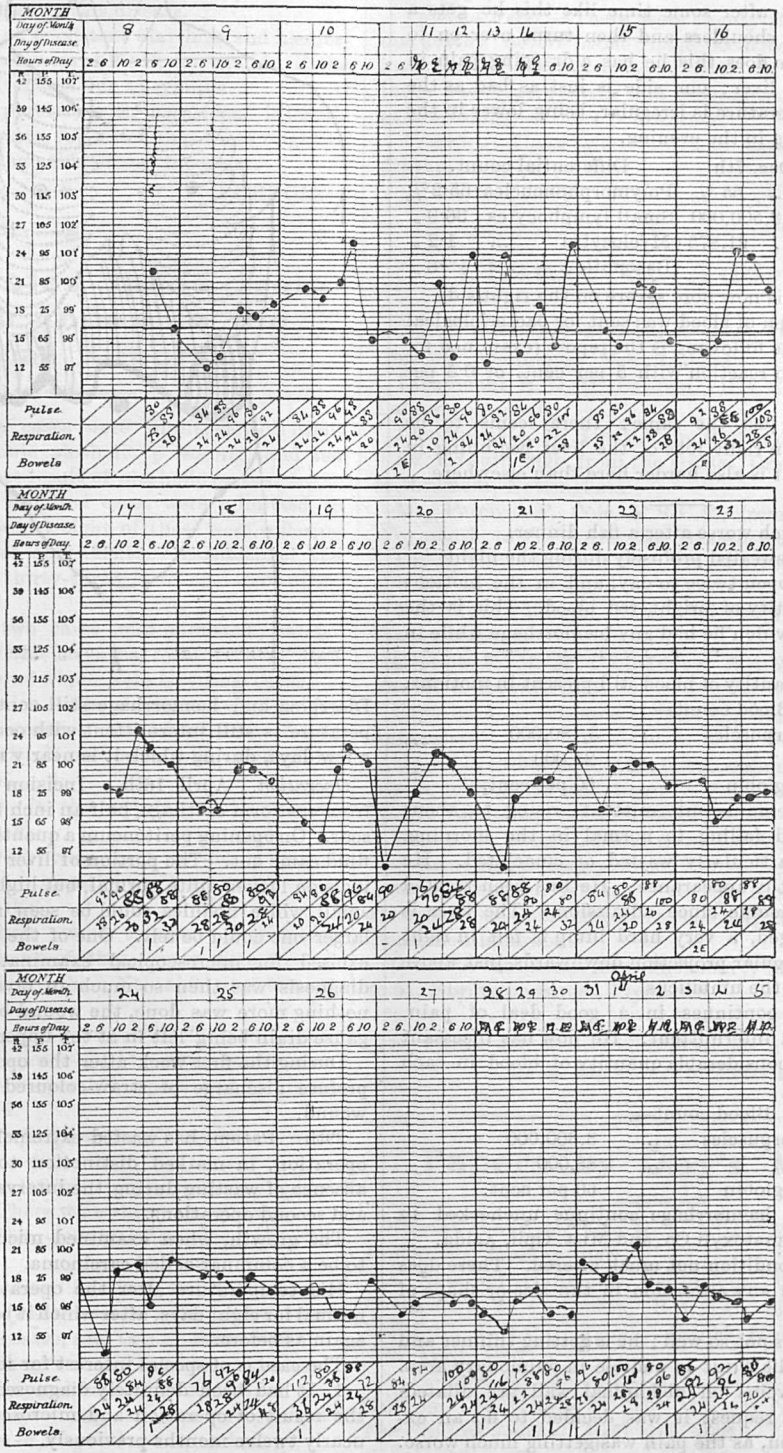
and the end of the sternum; liver dulness begins above at the fifth rib and extends to within an inch of the umbilicus on both sides; the dulness is continuous over to the left side. On palpating from the back in both loins there appears to be more resistance on the right side. Patient is very tender all over the area occupied by the liver, the edge of which is smooth.

Circulatory system.—Impulse is rather diffuse; can be seen best in the fifth space in the nipple line. It can also be seen in the third and fourth spaces just external to the sternum. It is most easily felt in the fifth space in the nipple line. The cardiac dulness begins above at the third space, and extends inwards to the sternum and outwards is quarter of an inch external to the nipple line. On auscultation the heart sounds are rather booming in character; no bruits can be heard.

Respiratory system.—Patient is a little short of breath if he takes any exercise. Both sides move equally on respiration; there is rather a wide epigastric angle. Tactile vocal fremitus present behind and in front. Both sides resonant behind and in front. Normal vesicular murmur heard all over. Vocal resonance present.

Nervous system.—Eyes react to light and accommodation. Knee-jerks, flexor plantar reflex; no ankle clonus.

Urinary system.—Colour, clear, of rather high colour. Sp. gr., 1022; reaction, acid; no blood, pus, sugar, albumen, or bile present.


MONTH
Day of Month
Day of Disease
Hours of Day
Pulse.
Respiration.
Bowels
Office

7th. Patient still has the pain; he says that it is most severe on each side of the scar. He prefers to lie on his back, but after some time like this he gets a pain between the shoulders and then turns over on to his side; when he does this he has a dragging pain in the region of the liver; one side is just as bad as the other. His temperature is irregular, being lower in the morning and rising in the evening.

Blood count, Dec. 7th.		Differential count.	
Hæmoglobin ...	65 %	Polymorphoneuclear	65·2 %
Reds ...	3,500,000	Small lymphocytes	36·9 „
Whites	21,875	Myelocytes ...	1·2 „
		Basophile	·8 „

8th. The pain is now nore severe on the right side.

11th. A specimen of blood was sent for bacteriological examination. The following is the report (examined for Malta fever):—No reaction with 5 per cent. or 0·5 per cent.

The pains are just the same; there seems to be a slight swelling in right lobe of the liver beginning in the nipple line; it is also harder here than elsewhere.

18th. Pain much worse after a fish dinner.

20th. Patient sweated profusely during the night.

21st. Bowels open twice to-day, and in the motions was a large quantity of bright red blood. This is the first occasion on which he had any hæmorrhage while in the hospital.

24th. Small quantity of blood still present in motions.

January 1st. Blood count—

Red corpuscles	...	3,180,000
White „	...	25,000
Hæmoglobin	...	60 per cent.

Temperature remains intermittent, rising to about 101° at night and falling to normal in the morning. Patient is not particularly wasted or emaciated. He has a sallow, earthy appearance. He has been treated with potassium iodide since admission. The liver is irregularly enlarged, a very hard lump is felt in right lobe, and an irregular projection downwards just above and to the left of the umbilicus.

15th. Patient continues in a good deal of pain. Temperature still intermittent. He now has incessant diarrhœa with a considerable quantity of blood in each motion.

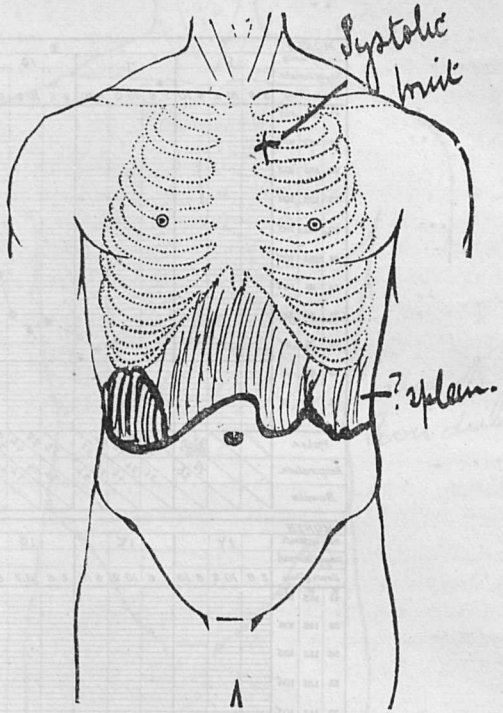
February 9th. Blood count—

Red corpuscles	...	3,300,000
White „	...	88,000
Hæmoglobin	...	60 per cent.

Diarrhœa and hæmorrhage continue unchecked in spite of Mist. Hæmatoxyli Co. and Mist. Opii. Acida.

March 3rd. Condition not much altered. There does not appear to be any alteration in the size or shape of the liver.

25th. Patient is not so well; he is getting thinner and weaker. A systolic bruit is audible in pulmonary area. The superficial veins on abdominal wall are dilated. At patient's own request it was decided to do an exploratory operation, as the pain was getting much worse.



Diarrhœa and hæmorrhage still continue daily. Temperature is still intermittent with occasional periods of a few days, during which it is nearly normal.

Operation.—April 16th. Incision four inches long from ensiform cartilage, half an inch to right of previous scar. On opening peritoneum a quantity of blood-stained fluid came out. The portion of liver immediately under incision looked quite normal, but higher up two or three small white nodules could be seen, and another much larger one could be felt. One of the small nodules was excised for microscopical examination, although the diagnosis was then so much in favour of growth that nothing more was done, the wound being stitched up, a gauze drain being left in at the upper part.

During the first week after the operation there was a profuse discharge of straw-coloured serum from the wound.

29th. Patient has wasted extremely rapidly since the operation, in marked distinction to the comparative absence of wasting during the interval between the first and second operations.

The growth, when examined microscopically, proved to be a columnar-celled carcinoma.

His temperature after the operation remained subnormal for eight days, after which it became intermittent again as before.

The case is of special interest for several reasons:—

1. It had been definitely diagnosed as gummatous as the result of operation and microscopical examination nearly twelve months previously.

2. The history is a long one for malignant disease, and the patient did not show the marked cachexia which usually accompanies this disease.

3. The occurrence of persistent diarrhœa and hæmorrhage from the bowel were difficult to explain if the enlargement of the liver was due to syphilis.

4. The irregular pyrexia, with occasional intervals with normal temperature, suggested that there might be pus somewhere, although this proved incorrect.

W. P. PURDOM.

A Few Notes made from the 1906 Index to the Medical Reports.

Alcoholism.—*Thirty* cases were admitted with well-marked signs of chronic alcoholic poisoning, and ten of these died as a direct result of alcoholic excess.

Appendicitis.—One hundred cases were admitted to the medical wards; twenty-eight of these were suffering from a first attack of appendicitis. Eighteen of the hundred cases died; thirty-three were operated upon, and four of these died.

Diphtheria.—Fifty-two cases were admitted; thirty-nine of them were of the laryngeal form. There were twenty deaths, sixteen of which were laryngeal cases.

Laryngeal Obstruction.—There were twenty-eight cases of laryngeal obstruction treated by *tracheotomy*; of these, eleven died. Nine cases were treated by *intubation*; eight died.

Hyperpyrexia figures in the reports seventeen times. There were eleven deaths.

Acute Intestinal Obstruction (not including intussusception).—Treated by operation. There were twenty cases, with twelve deaths.

Intussusception.—There were thirteen admissions, with eight deaths. Eleven of these cases were treated by laparotomy, with six deaths. No cases were treated by inflation.

Measles.—Forty-nine admissions, with eighteen deaths.

Gastric Ulcer Perforation.—*Eight* cases; two deaths. *Six* of these cases were operated upon, and the ulcer sutured. *All* recovered.

Duodenal Ulcer Perforation. — *Three* cases were operated upon; all *three* died.

General Suppurative Peritonitis was found by operation forty-six times. There were thirty-one deaths.

Pulmonary Tuberculosis.—Sixty-nine admissions, with twenty deaths.

Lobar Pneumonia.—One hundred and thirty-three admissions, with twenty-two deaths. Pericarditis was a complication in three cases, and two of these died.

Whooping Cough.—There were eleven cases admitted with broncho-pneumonia, and four of these died.

Empyema.—There were thirty-one cases recognised and treated by resection of rib, with nine deaths.

Malignant Endocarditis was diagnosed and verified at the autopsy seven times.

Typhoid Fever.—There were twenty-three cases, with one death. Severe hæmorrhage occurred in two cases, including the fatal case mentioned. In the latter case there was hyperpyrexia and peritonitis (diffuse) found at the autopsy without perforation.

Uræmia.— There were thirteen cases, with eleven deaths.

H. C. MANN.

Change of Address.

Dr. R. D. Barron, from Guy's Hospital to Macdonald Crescent, Wellington, New Zealand.

Lieutenant H. O. M. Beadnell, R.A.M.C., from Fort Lahore to Ambala.

Lieutenant A. M. Benett, from Portsmouth to Bulford.

Dr. Edward Bigg, from the Gables, Cranleigh, Surrey, to Bingham, Nottingham.

Mr. Percival P. Cole, F.R.C.S., from Mary Street, Weymouth, to the University, Birmingham.

Dr. E. H. B. Milsom, from Guy's Hospital to Christchurch, New Zealand.

Mr. Edward Morgan, from Guy's Hospital to 9, Picton Place, Swanley.

Captain F. M. M. Ommanney, R.A.M.C., from the Punjab to Rawal Pindi.

Captain A. C. Osburn, R.A.M.C., from Calcutta to Agra.

Mr. E. L. Pilbeam, L.D.S., from Grahamstown, South Africa, to Kokstad and Umtata, East Griqualand, and Native Territories, South Africa.

Mr. G. E. Rice, L.D.S., from Linda, Poole Road, Bournemouth, to Abbey Mead, Tavistock, Devon.

Mr. C. Peterson Weekes, F.R.C.S., from Eaglehurst, Howard Road, Southampton, to Tower House, Landguard Road, Southampton.

Dr. F. C. Whitmore, from Thornbury, Gloucestershire, to 57, Ebrington Street, Plymouth.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

Papers by Guy's Men.

Uterine Curettage. By H. T. Hicks, F.R.C.S.—*The Practitioner* for May, 1907.

A Note on Haffkine's Antiplague Vaccine. By Lieutenant T. C. Lucas, R.A.M.C., M.B. Cantab., M.R.C.S., L.R.C.P. Lond.—*British Medical Journal*, 20th April, 1907.

A Lecture on Enuresis and Fæcal Incontinence in Children. By George F. Still, M.A., M.D., F.R.C.P.—*The Clinical Journal*, April 24th, 1907.

Some Unexplained Cases of Enlarged Heart.

Most cases of greatly hypertrophied heart seen at autopsy are associated with obvious disease. There is, or has been, pericarditis, myocarditis, or endocarditis. Often the arteries or kidneys are sclerosed (though a small heart is not incompatible with fibrotic kidneys), or the lungs may show bronchitis and emphysema, or occasionally fibrosis.

Sometimes, however, the heart is much enlarged without apparent reason, kidneys, lungs, and arteries all being healthy, except in so far as they may have suffered from circulatory stagnation. The heart, too, looks quite healthy, except for its size, yet these people have died of rapid progressive cardiac failure. A large heart may be associated with alcoholism, but in most of these cases the muscle is plainly degenerate, and dilatation, rather than hypertrophy, is the outstanding feature. It has been said that such hearts are the result of rheumatism, but since there is neither history or ordinary sign of rheumatism, the explanation is hardly convincing.

Anæmic girls often have large hearts, and it is probable in chlorosis that the heart may remain permanently enlarged and be a cause of trouble in later life. There are, however, two other factors in cardiac hypertrophy which merit some attention, and they are, excessive vasomotor variations and increased viscosity of the blood.

Exophthalmic goître may be instanced as a condition in which the heart enlarges, due in part to vasomotor variation, for although the blood-pressure is generally low in the advanced stages of the disease, in the early stages and during recovery it may be very variable.

Increased viscosity of the blood is but a little-studied phenomenon, but supposing it were present, in any case there would be, *cæteris paribus*, increased strain upon the heart and consequent hypertrophy. Curiously enough, all the cases given below were very plethoric, just such people as might be expected to have increased viscosity of blood.

Whatever the explanation may be, I think we must recognise a clinical group of cases presenting signs of rapid progressive cardiac failure, which are neither primary hearts, kidneys, or lungs, in the usually accepted sense, that they are plethoric people of later middle life, and that they seem to have enjoyed good health until their first and last breakdown, which results in death in about six months.

Sir C. Perry, No. 67, 1906.—Woman, æt. 53, Laundry work.

History. — Married, multipara. No previous illness. No history of alcohol. Has had abdominal pain for some time. Very constipated. For the last few years she has had a winter cough. ? Rheumatic arthritis. Increasing dyspnœa and cyanosis during last six months; lately the legs have become œdematous.

Condition on admission.—Jan. 6th, 1906: pulse 118, respiration 38, temperature 98°. Patient is a very fat person indeed. Waist 57 inches. Very blue and œdematous. Marked ascites. Enlarged liver. Position and size of heart not made out. Arteries not thick. Prominent venules. Practically no signs in the lungs. Urine 1022, deep amber, acid. No albumen. 6th January tapped, 15½ pints from abdomen. Died on 10th January.

Post-mortem.—Heart very much hypertrophied, weight 500 grs. Muscle and valves healthy. Lungs, kidneys, and arteries, good. Liver, 2460 grs., cardiac. Hæmorrhage into small intestine.

Dr. Taylor, No. 95, 1907-—Man, æt. 60, 25th February, 1907.

Christmas, 1906, Dyspnœa on exertion. Doctor diagnosed bronchitis affecting the heart. Not much alcohol. No rheumatism.

Condition on admission.—Temperature 95°, pulse 144, respiration 36. Stout, cyanosed, orthopnœic. Impulse feeble, ext. to nipple. Heart sounds tick-tack. Lungs clear. Arteries good. Urine 1020 acid, albuminuria. Lungs clear.

Post-mortem, No. 107, 1907.—Lungs, lobar pneumonia (terminal), right upper lobe. Cardiac infarcts. Hypostasis. No bronchitis. Heart 628 grs., much hypertrophy affecting both sides. Right auricle quarter of inch thick, valves and muscle healthy. The pulmonary artery was very large and thick, being about twice the normal size. Stomach cardiac. Liver 1792 grs. cardiac. Kidneys enlarged, healthy, 521 grs.

Dr. Taylor, No. 105, 1907.—Woman, æt. 47, 23rd February, 1907.

Married. Rheumatic fever twenty-five years ago. Bronchitis six or seven winters, slight. In hospita November, 1906, for dyspnœa. Three weeks ago abdomen swelled, dyspnœa and cough.

Condition on admission. — Temperature 97·8°, pulse 118, respiration 28. Very stout, orthopnœic and blue. Very œdematous. Heart not seen or felt. Sounds very faint. No bruits. Lungs, a few rhonchi. Some ascites. Urine 1020, $\frac{6}{1000}$ albumen. Died 4th March, 1907.

Post-mortem No. 105 —Lungs, double hydrothorax, compressed, otherwise healthy. Heart, recent fibrinous pericarditis, weight 879 grs., very large, the valves healthy. Coronary arteries and cardiac muscle healthy. Liver, 2018 grs., cardiac. Kidneys, 512 grs., cardiac.

H. F. B. W.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

The Decline of the Birth Rate.

SIR,—I have read with pleasure the paper read before the Physiological Society by Mr. T. B. M. Stout; it is a most erudite production, and true. But to me (as one who has had some experience) the question can be answered in a nutshell: Malthus has done most to produce this result in limitation of progeny. His teachings are now followed by the public largely.

Until a strong law is passed absolutely stopping the practices, how can the birth rate increase? No, sir, decrease it must. Women are too fond of the music-hall, theatres, cycling, riding, motoring and dancing to care for children.—I am, yours truly,

ANTI-MALTHUS.

DEAR SIR,—In the interesting paper on the Decline in the Birth Rate, which you published last week, Mr. Stout laments the fact that the decline is most marked "in the higher strata of society," while "in the lowest grades of society" it is relatively small. This raises the important question, which we shall soon have to face, as to which are the classes or grades from which we should try to breed. Are the progeny of the higher or of the lower classes best fitted to carry on the race?

The question seems to turn on the meaning we give to "higher" and "lower" in this connection. In the animal world the "higher" species is the one with the finer powers of offence and defence, the more highly differentiated and the one whose progeny at birth most closely resembles the parent. But when used of man the word "higher" means more socially dependent, greater ability to enjoy mental pleasures, with probably ill-health, and with an offspring that only survives thanks to artificial methods of rearing. Then does it seem to the colonial mind that the hot-house plants of our English aristocracy, whose health is poor, and whose limbs are feeble, while their intellectual powers are considerable—do these, I ask, appear to be a higher type of manhood than the swarthy, large-limbed, albeit ignorant, Zulu; or the stalwart, strapping savage whose strength is unimpaired?

Physiologically considered, the two types are antithetical, but from the *moral* standpoint I daresay the epithets "higher" and "lower" would have to be reversed, and after all it *was* the Physiological Society who were discussing the question.

With apologies for using so much space.—Yours truly,

N. A. DYCE SHARP.

Guy's Hospital, April 21st, 1907.

A Helper Wanted.

DEAR SIR,—From time to time I have met men who are anxious to find an opening where, at one and the same time, they can combine social and religious work with the exercise of their profession. At the present moment I happen to know of a Dispensary connected with a Mission, in the East End of London, where a qualified medical man, with no capital, could earn a good livelihood and find ample scope for social and religious effort.

If this should meet the eye of anyone who feels drawn to spend his life in the service of the poor in a working-class district of London, I should be glad if he will communicate with me.—I am, yours faithfully,

ALFRED SALTER, M.D., J.P., L.C.C.

5, Stork's Road, Bermondsey, S.E.

24th April, 1907.

Mist. Acidi and other Matters.

SIR,—At Guy's the usual tonic ordered was Mist. Acidi Co. This contains Extr. Nuc. Vom. and Mist. Gentin with Glycerin. Can you inform me whether Tincture Vom. would act as well as the extract, and also whether Tinct. Gent. Co. can replace the Tinct. Gent. with Glycerin, which is a G.H.P. preparation, and which it is difficult to get the chemists to supply? With these two alterations would there be any loss of action? I ask for information on this point because I have frequently ordered patients Mist. Acidi Co. with these two alterations, but have never noticed that as a tonic it has been in the least beneficial.

Might I suggest that the GAZETTE should publish occasionally any improved treatments in vogue at the old hospital. *E.g.*, one hears that Hydrogen Peroxide has superseded all lotions in Pat. and Sam. How is it used, and what is the cost? I have tried to obtain it locally, but the stock is very limited (and probably has deteriorated), and the expense is very great.

Prof. Osler suggests that every G.-P. should renew his acquaintance with his hospital and keep up to date. Theoretically, no doubt, this is correct, but practically it would leave most of us with a heavy bank deficit. We are flooded with literature praising new drugs, etc., but do not know how to sift the wheat from the chaff.

Well done, Guy's! For the Cups again.—Yours truly,

R. C. M.

Grahamstown, C.C., April 2nd, 1907.

Guy's Hospital Rifle Association.

DEAR SIR,—May I trespass upon your valuable space to ask all men who take an interest in shooting to do their utmost to turn out this year when necessary, in order that we may, if possible, welcome the Armitage Cup back to the smoking room at the end of the season, and also prevent the Bisley Cup from leaving it for more than its brief sojourn in the exhibition tent at Bisley during the Meeting. The Committee have done their utmost to arrange as much shooting as possible. The practice shoot on May 15th, fixed at the suggestion of

our President, Sir Alfred Fripp, is especially for the purpose of getting an idea of the capabilities of shooting men, as a means of choosing teams for the subsequent matches, etc. It to be hoped that *everybody* who shoots will make an endeavour to go down to Bisley on that day, and at least shoot through once. There will be an open and a handicap shoot at 200, 500, and 600 yards, and also unlimited entry competitions at each range. A list will be found on the smoking room notice board, whereon men are requested to sign their names, and if possible the *average score on their last season's shooting*. I shall be very pleased to give any further information that may be desired to any members who care to ask me. Thanking you in anticipation, I am, yours, etc.,

HAL J. HENDERSON,
May 1st, 1907. Hon. Sec. G.H.R.A.

Pass List.

University of Durham, April, 1907.—Third Examination for the Degree of Bachelor in Medicine: R. C. H. Francis, A. C. Greene. Second Examination for the Degree of Bachelor in Medicine: H. C. W. Allott, W. Reynolds. First Examination for the Degree of Bachelor in Medicine.—Entire Examination: H. F. Stephens. Chemistry and Physics: O. S. Norton.

Second Conjoint Examination, April, 1907.—W. H. Catto, T. J. Killard-Leavey, H. Steinbach, M. C. Thavara.

First Conjoint Examination, April, 1907.—Part IV. (Practical Pharmacy): A. L. Foster, F. Holcombe Fuller, C. G. Sprague, J. N. Watson. Part III.: H. F. Stephens.

Appointments.

Civil.

Batchelor, F. C., M.D., has been appointed Gynæcologist to the Hospital, Dunedin, New Zealand.

Batchelor, F. S., F.R.C.S. Eng., has been appointed Surgeon to the Hospital, Dunedin, New Zealand.

Cole, Percival P., F.R.C.S. Eng., has been appointed *Junior Demonstrator of Anatomy* at the University of Birmingham.

Pern, Horace, M.R.C.S., L.R.C.P. Lond., has been appointed Public Vaccinator for the South-Western District of Victoria, Australia.

Read, Clarence, M.R.C.S., L.R.C.P. Lond., has been appointed Honorary Medical Officer to the Royal North Shore Hospital, Sydney, New South Wales.

Shorland, E. Trevor, M.R.C.S., L.R.C.P. Lond., has been reappointed Medical Officer for the Westbury and Whorswelldown (Wiltshire) Union.

Naval and Military.

Fleet-Surgeon Robley Browne, R.N., has been appointed to the *Majestic*, Home Fleet.

Lieutenant H. Watts, I.M.S., is promoted to be Captain.

Captain Richard E. G. Phillips, R.A.M.C., retires, receiving a gratuity.

On the Treatment of Acute Infected Wounds & Scratches

By G. Newton Pitt, M.D., F.R.C.P.

During the past thirty years I have had the opportunity of seeing a large number of infected wounds, chiefly of the fingers, some of which have led to extensive diffuse suppuration and a few have been so severe as to endanger life. There are certain important conclusions at which one has arrived which perhaps are not as widely known as they should be, seeing their extreme importance, if I may judge from the unwise things which men not infrequently do when they have an infected wound.

There is no doubt a very wide difference between the susceptibility of different men to infection, and also it varies greatly from time to time in the same individual; and undoubtedly those who are constantly being exposed to infection, as in the post-mortem room, gradually become immune. Sir James Paget, many years ago, pointed out that while for a long time he himself was more or less immune from infection, yet after giving up making post-mortems, or after a holiday, he found that the conditions changed, and he again became susceptible, and after a holiday had a most dangerous attack of pyæmia following on a slight prick. While it is important to take especial care when there are cracks in the skin or cuts on the hands when making post-mortem examinations, yet even after exposure to infection no mischief need develop, if the individual immunity is good.

We should explain this now by the view that the opsonic index of the individual against the particular organism was good, and that therefore the organism had no opportunity of developing, but was at once destroyed by the phagocytes.

The estimation of the opsonic index by the number of organisms which a polymorphonuclear cell will eat up within twenty minutes is quite an arbitrary standard, for the method of protection varies in different individuals; in some people the polymorphonuclear cells are active; in another individual it may be that protection is largely afforded by the bactericidal properties of the serum; in a third by the efficiency of the lymphatic glands and tracts in limiting infection.

There is also a considerable variation clinically. In one individual there will be an active local reaction; in another a diffuse inflammation; while in a third the process may develop most

actively in the glands in the axilla or elsewhere, while locally hardly any change has taken place. The efficiency of immunity does not depend solely on the general health, because men who have been infected have undoubtedly been the robust and vigorous quite as often as the frail. Another factor is the virulence of the organism. Some post-mortems, particularly of patients who have died with peritonitis, seem to be of exceptional virulence, and this was very much more striking fifteen or twenty years ago than it is now. This was largely due, I believe, to the fact that in those days such infections were almost invariably multiple, whereas now, when aseptic precautions are habitually adopted, more frequently than not, secondary infections are excluded.

Sometimes when the infection is extremely virulent the prick rapidly becomes excessively painful; to such a degree is this so that one is in the habit of speaking of them as "ridiculously" painful, the pain being so absolutely out of all proportion to the appearance of the finger. The very rapid development of intense pain is suggestive of virulence.

Treatment.—When a finger receives an infected prick it certainly seems desirable to encourage it to bleed with a view of washing out, if possible, some of the organisms. On the other hand, severe squeezing and pinching damages the tissues and is undoubtedly injurious. More frequently than not, however, infection enters through a pre-existing abrasion, and nothing is noticed until some twenty-four to forty-eight hours later the finger is uncomfortable and tender and it is observed to be red and swollen locally.

When there is local evidence of infection, with the formation of a drop or two of pus, the most beneficial treatment seems to be to shave down the skin with a razor or sharp knife so as to prevent tension from developing, and by keeping the finger *wet and warm* allow infected fluid to escape as it accumulates. One of the best applications which I have used for the past twenty years is peroxide of hydrogen, which at that time was not in such general use as at present. There is no doubt that warmth is beneficial in the form of hot fomentations, for example, and it is most essential to keep the parts at rest and avoid movement, and as far as possible let the hand be raised and not allowed to hang down.

Not infrequently students have been rather too ready to freely incise the inflamed area. While it is necessary, if pus is accumulating and the parts are under tension, to give this relief, there is no question that the cut surfaces, if extensive, very often form a fresh nidus for infection, and that sometimes more harm than good has been done, as it has led to a more active local infection.

The importance of rest for an infected wound, although theoretically acknowledged, is very often overlooked; I could give a large number of instances where an infected puncture, which was going on favourably, but which had made the patient feel out of sorts, had thereby induced him to go and take a vigorous bicycle ride, to go to a dance, or to play a game of lawn tennis, with the result that, owing to the quickened circulation, the process lit up locally, and infected material was carried up along the arm, so that a widespread and dangerous development took place, with the formation of suppuration along the forearm, or in the axilla. I have seen a most extensive and dangerous cellulitis in the neck develop from an infected quiescent scratch on the chin, after an evening of vigorous dancing. I remember a student who, when he was a dresser, had a sore on his finger. As the result of playing football he developed extensive cellulitis in his arm, and very nearly lost his life.

One of my colleagues, feeling out of sorts with an infected finger, went for a long bicycle ride, and within forty-eight hours he had a large axillary abscess which required opening, and he only recovered after a very dangerous illness. In fact, I have seen infected quiescent injuries light up as a result of exercise more often than from any other cause. It should be laid down as an absolute rule that no patient with an acute infected tender wound, however minute it may be, should be allowed to take vigorous exercise.

In connection with this question of rest may be mentioned the plan which years ago was strongly recommended by Mr. Gamjee of treating infected wounds by firm uniform graduated pressure over the limb by bandaging tissue or cotton wool over the whole hand and forearm; not infrequently, the inflammation may be entirely localised, so that instead of diffuse infection, the mischief may be limited to a small centre of suppuration.

On scraping, and if necessary, packing with sulphur.—When the tissue round the centre of infection becomes livid, gelatinous-looking and semi-necrotic, recovery is much accelerated by scraping out the dying tissue freely. This can be done very quickly, and generally gas and oxygen will give a sufficiently long anæsthesia for the purpose.

Where the tissue looks very unhealthy, packing it with sulphur for twenty-four hours will often limit the spread of the infection, but it somewhat increases the amount of sloughing.

It is always essential that the pus should be afforded a free exit. There is often great difficulty when the pus burrows under the nail. In such cases the nail may be scraped down at one part so as to afford relief, but it may require removal.

Injurious effects of repeated anæsthetics.—Where diffuse cellulitis develops and the process shows no signs of being limited, free incisions have to be made, and not infrequently repeated day after day. Undoubtedly, the process is very painful, and the associated ill-health and the repeated infection of new areas of tissue break down the self-control of the patient, who day by day increasingly dreads the pain. At the present day, there is no doubt, we are rather apt to give an anæsthetic for everything rather than let the patient bear even the most trivial pain. It is extremely doubtful whether this is even wise as a general principle, but I am quite sure that if an anæsthetic is given repeatedly for the dressing and, if necessary, the incision of an infected cellulitis, the protective mechanism of the individual is very largely reduced, and it may be that the only chance of saving the limb is by ceasing to give anæsthetics and insisting on the patient bearing with the pain of the necessary proceeding. On three occasions where anæsthetics had been given almost daily for two or three weeks I have seen the almost entire absence of any limitation of the infection, which spread gradually from place to place, and in each case it was only after ceasing to administer anæsthetics daily that improvement in the wounds took place, with the result that in two of the cases it was possible to save the limb.

On the importance of the application of moist heat.—It is now generally held that the value of this may be explained by the increased amount of serum and of leucocytes which are enabled to be brought to the wound to deal with the infection. Nothing is of greater value than prolonged immersion of the limb in boracic lotion as hot as the patient can bear it; the limb may be kept for half an hour several times a day in a bath, and in between the limb should be wrapped up in hot boracic fomentations, which should be applied as hot as possible and repeated every two hours. This method of applying hot boracic fomentations to all infected wounds has now come into universal use, but it has only done so within the last few years, to the exclusion of all other methods of dressing.

In some cases very great benefit may be obtained by keeping the limb wrapped up in its dressing and then exposing it to steam from a kettle so as to keep it constantly moist and hot.

On the use of Anti-Streptococcal Serum.—The effects of this serum, when administered early in cases of streptococcal poisoning, both in checking the local inflammation and in relieving the pain, are sometimes simply marvellous. As an example, I may give a personal experience of my own when, some years ago, I had a prick which became most ridiculously painful within less than six hours, and from the rate at which the symptoms developed, and from the agonising pain, there was no question that it was an exceptionally virulent infection, and it promised to produce a serious illness. It produced very marked constitutional disturbance, with a rapid pulse, and in consequence my colleague, Dr. Washbourn, gave me an anti-streptococcal injection, with the result that instead of passing a sleepless night with very great pain, within four or five hours the pain had entirely passed off, the virulence of the process rapidly decreased, and the result was only a minute local abscess.

While on the one hand the value of an anti-streptococcal serum in a suitable case is undoubted, I am also of opinion that such sera, while potent for good, are by no means harmless, and that on more than one occasion it has appeared that the administration of the serum in a case when the infection was not a streptococcal one has made the patient rather worse than better.

The serum as at present prepared is not very potent, hence in severe cases the serum should be given early and once or twice daily as soon as the organism has been identified.

There is evidence in favour of a polyvalent serum, and where one brand is without obvious beneficial effect, others should be tried.

On the importance of fresh air.—The most favourable place for treating a severe infective cellulitis or pyæmia is in a tent in the open air with pervious walls, but failing that, an open-air shelter as now found in sanatoria. Cases which have failed to improve indoors may take a fresh lease of life if placed in the open, and I have seen more than one case which apparently owed its salvation to removal. It is of course most essential, if the patient is indoors, to keep the windows well opened.

When a case has run a long course of suppuration in a room and shows no sign of improvement, removal to another room may

induce a marked improvement, as there is no doubt a room may become infected.

Never despair of saving any case, as each day the virulence of the organisms tends to decrease, and even the apparently hopeless ones may be pulled through.

The toxic diarrhœa, which sometimes develops, is to be treated by improving the local condition of the wound, and generally is unaffected by drugs.

During convalescence from these infective processes, a fine very old sherry, rich in ethers, will be found of the greatest value.

Nursing News.

MATRON'S OFFICE.

THE NURSES' LEAGUE.

The Annual Meeting of the Guy's Hospital Past and Present Nurses' League was held in the Nurses' Home on Friday, March 22nd, 1907. Tea and coffee were served at half-past seven, a great many old friendships being renewed, and it was pleasing to notice among the many members present some who had not been able to attend the meeting in former years.

At eight o'clock all assembled in the large Recreation Room and the business of the evening commenced. Miss Fisher, R.R.C., was asked to take the chair, and the minutes of the previous meeting were read, confirmed and signed.

In presenting the report of the work done by the League during the year, the Matron said it gave her great pleasure to see so many of her old nurses. The President of the League, Mrs. Cosmo Bonsor, had written saying how very sorry she was not to be able to be present at the meeting, and she (the Matron) had received dozens of letters from members who could not be with them that evening; the Matrons of Bradford Infirmary; Sir Patrick Dun's Hospital, Dublin; Devonshire Hospital, Buxton; Chelsea Hospital for Women; and the Children's Hospital, Birmingham, had all been prevented from being present, and she was sure that the members abroad, in India, in Ceylon, in Las Palmas, in France and in Africa, were thinking of the League Meeting that evening, and were wishing that they could be present.

It was gratifying to see that the numbers of members were still increasing, there being now between eight and nine hundred members enrolled.

The different sections of the League were very satisfactory, the Musical Society had given two very successful concerts that season, the Swimming Club had held swimming contests, and the Tennis Club had had a tournament at the Recreation Grounds. The Nurses' Library had been much used during the year, and the Photographic Society, the third Exhibition of which was now on view in the Home, had also done good work; from the open Lantern nights, the Society had been able to pay its own subscription to the Royal Photographic Society, help to provide prizes for the Exhibition, and had also been able to hand over to the Hon. Treasurer a sum of over £8 towards the Appeal Fund.

Nurses had visited the Cottage at Honor Oak Park 1,237 times during the year, and 120 had spent nights off and week-ends there.

The new edition of the Register was now in preparation and would be circulated among members shortly.

Mrs. Fagge, the Hon. Treasurer, said that she had much pleasure in being able to say that the finances of the League were in a much more satisfactory condition. Everyone had been very good in responding to the special appeal which she had made, and the accounts showed that a sum of £450, as well as the cost of enlarging the Cottage, had been paid off the debt of £4,059 on the Recreation Cottage and Grounds.

The result of the ballot for members of the Council for the ensuing year was next declared, and the following members were appointed:—*Nurses' Choral Society:* Sister Amy and Nurse St. John; *Nurses' Library:* Sister Mildred and Nurse Shackleton; *Nurses' Tennis Club:* Sister Mary and Nurse Hodgkinson; *Nurses' Cycling Club:* Sister Naaman and Nurse Greenall; *Nurses' Debating Society:* Sister Addison and Nurse L. Wood; *Nurses' Swimming Club:* Sister Charity and Nurse Weber; *Nurses' Orchestra;* Sister Surgery and Nurse Lyons; *Nurses' Photographic Society:* Sister Eleanor and Nurse Finnis.

The Matron next announced that she had received a request from some of the members that there should be a badge which could be worn by members of the League, and she would like to know what those present thought of the idea, and also to receive suggestions as to the form it should take. Several suggestions were made by members, and it was decided that some of the most suitable designs should be sent out to all members later, and the one chosen that received the most votes.

Miss Enid Newton, the Lady Superintendent, Ipswich Nurses' Home, proposed that a very hearty vote of thanks should be accorded to Mrs. Fagge, the Hon. Treasurer, for all the trouble she had taken during the year to get in so many subscriptions and donations.

Votes of thanks were also accorded to Miss Smith and to the retiring members of the Council.

Miss Fisher next proposed that a very hearty vote of thanks should be accorded to the Matron, as Hon. Secretary to the League, and in reply, the Matron thanked the members for the kind way in which they had received the vote of thanks, and said that she thought a great deal of the success of the League was due to the great interest the wives of members of the Staff took in it, and it was a great pleasure to her to see Mrs. Taylor and Mrs. Symonds there amongst them that evening. She was very pleased, indeed, to know that the League was so much appreciated, and she hoped that when the time came for her to be succeeded in office by another, that other ways would be thought of

to make the League of greater benefit to the nurses. The nurses of bygone days had none of the advantages that the nurses now have; social duties, which are the greatest benefit possible in the nurses' life, were impossible through the hardness of the work. She hoped that all nurses when they left the hospital would *do their utmost, by their work and lives outside, to make* their training school more famous even than it is to-day.

A vote of thanks was also accorded to Miss Fisher for so kindly taking the chair that evening. The proceedings then terminated.

The evening was brought to a conclusion by an exhibition of lantern slides, kindly lent by Mr. E. P. Gcerz, among which were some very fine examples of hand camera work. Some slides were also put through the lantern which had been made from negatives of members of the Nurses' Photographic Society, some of which, entitled "Faces we know," were received with rounds of applause as several well-known faces appeared on the sheet.

THE NURSES' PHOTOGRAPHIC SOCIETY.

The third Exhibition of the Nurses' Photographic Society was also opened on Friday, March 22nd, in the Nurses' Home. Mr. Frederick Hollyer, F.R.P.S., kindly acted as judge. Although the exhibits this year, were not so numerous as those of last year, still Mr. Hollyer said a great deal of the work shown were good examples of technical skill. The prizes were placed at the disposal of the judge by the Countess of Bective, Lady Henry Bentinck, Mrs. Cosmo Bonsor, and Mrs. Trevelyan Martin.

The following awards were made:—

Class A. Landscape, river scenery and seascapes.—1st Prize: "Birch and Bracken," Miss Smith; 2nd Prize: "On the River," Miss Fisher; 3rd Prize: "Dunsmore Woods," Miss M. Spalding.

Class B. Figure studies, animals, &c.—1st Prize: Withheld; 2nd Prize: "Tea-time at Chelsea Hospital," Miss Smith; 3rd Prize: "Portraits," Nurse Vance.

Class C. Architecture and interiors.—1st Prize: "Gateway, Bury St. Edmund's" Miss McManus.

Class D. Postcards.—1st Prize: Withheld; 2nd Prize: "O'Connell's Monument," Miss Smith; 3rd Prize: "Study of Dogs," Nurse Lloyd.

Special Prize for best picture in the Exhibition was awarded to Miss Smith for a photograph of the Henriette Raphael Nurses' Home.

Among the photographs exhibited by past members were some sent by Nurse Wilkinson at Kandy, Miss L. Tippetts from Lahore, Nurse Garnett at Las Palmas, Nurse Waldron from Buenos Ayres, and Mrs. Coghill sent in several Indian scenes.

BOOKS RECEIVED.—Herman's Diseases of Women; Halliburton's Essentials of Chemical Physiology.

From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS.

NOTICES.

T. M. W., BANBURY.—This urine is acid in reaction and contains only a minute trace of albumen, which is practically all nucleo-proteid. Before being centrifugalised the urine was warmed to clear up any abundant precipitate of amorphous urates; after this a fairly large deposit of uric acid crystals was obtained, associated with the usual squamous cells and some excess of mucin. No red blood discs, tube casts or further abnormalities have been observed.

J. B. P., LOUGHBOROUGH.—This specimen was comparatively non-purulent in character and no tubercle bacilli were found in it.

G. H. M., CLARE.—This is an example of an endothelioma arising in a salivary gland, such as the parotid. The section exhibits large tracts of cartilage, some of which are undergoing mucoid softening. The recent enlargement may be due to this degeneration. There is a distinct capsule to the growth, and the tumour is probably not malignant.

H. G. A., NOTTINGHAM. — This breast tissue is extremely indurated, the result of chronic mastitis, and shows no evidence of malignant growth.

M. P. J., SHEERNESS.—This specimen contained many spermatozoa and an excess of leucocytes. A carefu search of specially stained films has not shown the presence of any gonococci.

W. R., MAIDEN-NEWTON.—This specimen of sputum is of a very purulent character, but no tubercle bacilli are found in it.

T. M. W., BANBURY.—The specimen of sputum contains a very small number of tubercle bacilli. As tubercle bacilli have been found, we presume you do not wish the specimen examined for cancer cells.

PATHOLOGIST.

A Modification in the Method of Applying Prepared Filigrees of Silver Wire to the Cure of Large Inguinal Herniae in Males.

Paper read before the Clinical Society of London by Mr. LAWRIE MCGAVIN, F.R.C.S.

MR. CHAIRMAN AND GENTLEMEN,—Although I have used the term "modification" in deference to Dr. Willard Bartlett, whose filigree I look upon as one of the greatest advances in the recent surgery of abdominal hernia, I have been unable to find any record of the application of the filigree to an uncomplicated case of inguinal hernia in a male patient other than my own.

Bartlett himself has published a case in a woman*, and quite recently Wiener has reported one in a male†, but in this case the difficulty which suggested the necessity of a modification to me, viz., the presence of the spermatic cord, was absent, the patient having undergone removal of the cord and testis at a previous operation. This case resolved itself into one much resembling the operation as done for ventral hernia, or inguinal hernia in a woman.

The first case in which I employed a prepared filigree for the cure of inguinal hernia, was that of a seaman of sixty-three years of age. I have fully reported it elsewhere‡, and will therefore only say that the filigree I used was a single one, that its introduction was an easy matter on account of the long loose cord, which I was able to draw outwards round the outer end of the filigree, and that it was oblong in shape, measuring three inches by one and a half. Although the case so far has done well, and there is no sign of bulging, I am a little doubtful of the ultimate integrity of the inguinal tissues external to the filigree, as this region is, to my mind, hardly sufficiently guarded. This fact, and the experience gained in my second case, suggested to me the necessity of some modification in the manner of introducing and shaping these filigrees. This second case, also reported, was one of extensive recurrence in a young seaman, after a so-called "radical cure." I found that the filigree I had made could not be introduced as in the last case owing to the tension of the cord, for, being three inches long, it exceeded the distance from the internal abdominal ring to the pubic spine. I was therefore compelled to divide it and place one half internal to the ring, and the other external to it, making the outer half overlap the inner by about half an inch, the cord lying between them. I also experienced some difficulty in fitting the inner half in its place in the angle formed by Poupart's ligament with the margin of the rectus muscle at its insertion, and was obliged to double over the loops of the filigree at the pubic end.

Since this case was done, I have adopted the method in the more perfect manner detailed below, for the following reasons. The presence of the spermatic cord renders the implantation of a filigree in such a manner as to defend the entire inguinal region a matter of some difficulty. Either the cord must be drawn outwards round the outer end of the filigree, so as to permit the latter to lie in front of, and so defend the internal abdominal ring, or the filigree must lie in front of the ring and the whole length of the cord in the canal. The former method will only be found possible where, as in my first case, the patient is old and wasted, with a long lax cord: and even then, owing to the limited amount of elasticity of the latter, an undefended space is still left external to the filigree. The second method provides a position for the filigree which is very uneven, and in which it is loose and easily shifted; and leaves an undefended space at the point of emergence of the cord at the pubic end. Besides being difficult to carry out satisfactorily, it abolishes the valvular mechanism of the inguinal canal.

In order, therefore, to afford complete defence to that part of the inguinal region which lies external to the internal abdominal ring, and at the same time to preserve the valvular arrangement of the inguinal canal, I have resorted to the following method, which I have found simple and effective.

The filigrees which I now employ are made for me in two sections, an iliac and a pubic, and apart from their shape are produced in a manner similar to those invented by Bartlett for abdominal herniæ, and which I demonstrated to this Society in 1903. The pubic section is made one and a half inches long, three-quarters of an inch wide at the inner, and one and a half at the outer end; it is thus trapezoid in shape. The iliac section may be of any suitable length, usually two to two and a half inches; its outer half is square or oblong, while its inner half corresponds in shape to the outer half of the pubic section. The method of introduction is as follows:—

The fullest exposure of the parts having been obtained by the division of the aponeurosis of the external oblique muscle from the external, to a point well beyond the internal abdominal ring, the sac is freed and disposed of in the usual manner. The cord, after being completely freed from any adhesions to the pillars of the external ring and the conjoined tendon, is held aside, and the peritoneum is gently peeled back from the deep surface of the conjoined tendon and the back of Poupart's ligament. As soon as any oozing has been controlled, the gap thus made is extended as much as possible by the use of retractors, and the pubic section of the filigree is laid on the peritoneum, the points of the loops being neatly disposed beneath the edges of the tendon and Poupart's ligament. These latter structures are then approximated by Bassini's method, the filigree being thus completely buried.

The cord is now replaced, and a director being passed beneath them, the fibres of the internal oblique and transversalis muscles are cleanly divided from the internal ring outwards for a distance of about two inches.

* Annals of Surgery, 1903. † *Ibid.*, 1906. ‡ Practitioner, 1906.

These divided edges are turned upwards and downwards, and again the peritoneum is peeled back from their deep surface. A bed is thus formed for the iliac section of the filigree, the outer square or oblong portion of which is laid upon the peritoneum, while the inner trapezoid portion covers the first inch of the cord as it emerges from the internal ring. The cord, it will be seen, now lies, for the first inch of its course, between the two sections of the filigree. Finally, the cut margins of the external oblique aponeurosis are united over the whole in the usual manner, and the skin incision is closed.

It is unnecessary to fix these sections in any way, as they will be found to be retained in position by the mere apposition of the muscles.

It will be seen that this method permits of the most perfect defence of the inguinal region, the size of the iliac section being determined solely by the requirements of the particular case. For the sake of uniformity I now use the same gauge of wire for all filigree operations, viz., No. 28 standard wire gauge, and the same number of loops to the inch, viz., eight. In the case of females there is of course no object in the use of filigrees made in two sections, as the difficulty of the presence of the cord does not arise; a filigree, therefore, of the same shape as the pubic section just described, and measuring three or four inches in length, three-quarters of an inch wide at the pubic, and two to two and a half at the iliac end, will be found to satisfy the requirements of most cases.

Two points of especial importance in the use of these filigrees, are the necessity of a perfectly dry wound, and the avoidance of drainage. Most of the cases requiring filigree-implantation are complicated by extensive matting of the parts from recurrence, or from truss-pressure, and therefore oozing of blood and serum must be expected; drainage in this situation is, however, likely to result in infection. Should such an accident occur, convalescence will be unduly prolonged; but, as I have elsewhere pointed out, removal of the filigree will probably not be necessary, nor is there reason to suppose that recurrence will result, as would undoubtedly be the case if no filigree had been employed.

Although I would strongly advocate this method as being the only one to which the term "radical cure" can honestly be applied, I do not practise it as a routine method, reserving it rather for cases which are obviously incurable by the ordinary operation, as shown by the large size of the hernia, the fact of recurrence, the presence of feeble muscular development, or the advanced age of the patient.

My cases done in the last two years are not numerous, being six in number, but all were genuinely incurable by ordinary means. So far the results are perfectly satisfactory, although I am aware that more time is still required for proof of complete cure. Judging, however, from the results I have obtained during the past three and a half years in the treatment of so-called incurable abdominal herniæ by the use of Bartlett's filigree, I have no hesitation in considering them to be examples of "radical cure" in the truest sense of the term.

In only one case has there been any interruption in convalescence: this was the first of the series already referred to, in which a single filigree was used, and in which drainage was employed. Owing to an unfortunate omission, the drain was not removed sufficiently early, and some slight infection took place. The final result was, however, very satisfactory.

No complications referable to irritation of the cord by the filigree, such as testicular or inguinal pain, epididymitis, orchitis, or atrophy of the testis has been noted.

The most recent case in which I had occasion to employ this method was that of a seaman of forty-three years of age, a native of Trinidad, whose hernia was a very large one resulting from a kick in the right groin. It was complicated by a large vaginal hydrocele which was possibly the chief factor in the descent of the hernia, and measured eleven inches in length from the centre of Poupart's ligament to the bottom of the scrotum, and eighteen and a half inches in its greatest circumference, which was just above the testis. The sac was found to contain a very large mass of intestine and mesentery, and the hernial gap measured nearly three inches by two. The absence of omentum bore out the man's statement that the hernia was of recent occurrence, and the result of injury. The cord and internal abdominal ring were displaced outwards. It had been my intention, if possible, to save the cord and testis and implant the filigree as above described in two sections; this, however, I found to be impossible, owing to the size and attachments of the hydrocele. These structures had, unfortunately, to be sacrificed, but I used the two sections of the filigree, placing the pubic section on the peritoneum, and the iliac section, after approximation of the conjoined tendon and Poupart's ligament, on the surface of the internal oblique muscle opposite the internal abdominal ring. The aponeurosis of the external oblique was then sutured over the whole length of the canal. In spite of the persistently dirty habits of the patient, his dressings being constantly soaked with urine, the result has been good, and he returns to Trinidad with the inguinal region firm and sound.

Births.

BLACK.—On April 27th, at "The Willows," Hailsham, Sussex, the wife of George Black, M.B., B.S. Lond., of a daughter.

FAWCETT.—On April 25th, at 66, Wimpole Street, W., the wife of John Fawcett, M.D., of a son.

Marriage.

HAZELL — DALGLEISH. — On April 27th, at St. George's Cathedral, Capetown, Frederick Hazell, M.B. Lond., M.R.C.S., L.R.C.P. Lond., to Edith Haynes, third daughter of the late William Dalgleish, of South Hampstead.

EDS.—C. L. L. & M. E. B.

GUY'S HOSPITAL GAZETTE.

VOL. XXI., No. 493.] MAY 18, 1907. [SIXPENCE.

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The Annual Report.

ISSUED last week, our Annual Hospital Report comes at a time when its reading should prove particularly stimulating. We are starting the summer session, keenly eager, let us hope, for work. The encouragement which such a report, so satisfactory from all points of view, brings to the worker can hardly be over-estimated, and its appreciation comes naturally to every one who has taken the trouble of perusing the hundred odd pages from which we have drawn so fully.

The year's work, indeed, has been such that no one connected with this hospital need be ashamed to compare and contrast it with the record of any similar institution in London or elsewhere. During the past few months we have had the privilege of reading many hospital reports, some excellent, some indifferent, some—a few—wholly unpraiseworthy. For those who take an interest in their own institution, the occasional reading of the annual reports of other institutions must be instructive as a means of comparison, as a standard of merit whereby to judge things near at hand. And we can assert, without unnecessary vainglorying, that in the list of hospital reports issued during the present year, the grey-blue paper-covered report of our own hospital occupies a very high place. We have worked, staff and students, energetically; we have received generous and whole-hearted support—"support which has relieved the burden of the past and brightened with hope the time to come;" and our achievements, on the whole, are things accomplished of which we may rightly feel proud. Elsewhere in this, and in the next issue, we give more detailed an account of the year's work. Here we can only touch lightly upon one or two points that seem to warrant a more full and a more earnest commentary than they usually receive.

"As it comes within hopeful distance of realisation," remarks our Treasurer, "a clearer recognition may be had of the magnitude of the undertaking entered upon by the Governors in the year 1895. To restore and augment a revenue suddenly depleted by £20,000 per annum, concurrently with raising large special funds, and to make an old, but vast, institution equal in buildings and equipment, in organisation and administration, to the latest and best ideals of humanity and science; and to do all this without, meanwhile, depriving the sick poor of the benefit previously at their command, presented a task requiring all the encouragement which lies in a noble purpose." Yet it is a task that is approaching fulfilment. Already alterations, improvements, and additions have been made, sufficient, in a degree, to enable the hospital to maintain its place in the front rank of up-to-date charitable institutions; and more is contemplated, and, being contemplated, is within sight of realisation. It is a good plan for a man to let his reach exceed his grasp; it is as

excellent a method for an institution to follow, and the list of "desirable necessities," if one may be allowed to use such a phrase, that we want is a long one. In it, however, are certain outstanding prominent items, to which it will do no harm to direct attention again and again. There is pressing, urgent need for the enlargement of the Out-Patient Department, the accommodation of which is, at present, inadequate for the needs of the department; a Children's Ward is an urgent desirability, and the rebuilding of Clinical House is equally, if not more, urgent. The Governors have decided that the work of enlarging the Out-Patient Department shall be taken in hand "at as early a date as the funds of the hospital permit," and we sincerely trust that friends and well-wishers of our institution will help in advancing that date as much as possible.

In concluding a report, interesting in itself, and doubly so because of the manner in which it has been drawn up, Mr. Bonsor pleads for an increase in the annual income of the hospital. New annual subscriptions are what we want; new subscribers who will take a permanent interest in the work done here. We want men and women who will become shareholders in this great institution, who will take a personal, active interest in keeping it efficient. It is an imperative want, and conjoined with it is the want of more money for the Re-Endowment Fund. The completion of that Fund, now standing at £266,406 1s. 5d., will "contribute more than anything else to the permanent financial stability of the institution," and will relieve the hospital of much of the burden which it bears at present.

To friends of Guy's Hospital, its Annual Report needs no introduction, nor any word of comment. It carries its own explanation, it pleads its own cause, eloquently, and usually effectually. But it is to that vast circle of those who ought to be our friends, our active supporters, and who stand at present outside the pale of our contributors, apathetic not from ill-will, but through want of knowledge of our needs, that we would commend the report; and it is to them, specially, that we would underscore Mr. Bonsor's concluding appeal for new annual subscribers.

Passim.

DR. TAYLOR'S retirement necessarily brings about some changes in the Medical Staff. Dr. Shaw, who held his last out-patient demonstration some weeks ago, becomes physician and takes charge of the Taylor firm and beds. To the vacancy thus created in the ranks of the Assistant Physicians Dr. Hertz has been appointed.

DR. HERTZ'S record is one which will be fresh in the memories of most. He came to us from Oxford, where he was Demy of Magdalen College, and a first-class honourman in Physiology in 1901. Here he took a University Science Scholarship, and qualifying in 1904, became successively Clinical, O.P.O. and H.P. to Dr. Newton Pitt. In the same year he took both the Treasurer's Gold Medals in Medicine and Surgery—a record which few Guy's men can boast of. On the conclusion of his term of office as H.P. he gained his M.R.C.P., and was elected to the Radcliffe Travelling Fellowship at Oxford. As Radcliffe Travelling Fellow he visited Munich, Strassburg, and other Continental medical schools, contributing an account of his experiences in a series of interesting papers to the GAZETTE. On his return from the Medical Congress at Madrid, where he had represented this Hospital, he was appointed Assistant Demonstrator of Physiology in the place of Dr. Forsyth, who had just resigned. Afterwards he became Demonstrator in Pharmacology and in Dental Microscopy, and Anæsthetist. He has contributed a paper "On Œdema, with special reference to the influence of sodium chloride on its formation," to the last edition of the Hospital Reports. Our readers will join with us in offering him sincere congratulations on his promotion to the Hospital Staff.

DR. TAYLOR'S retirement also occasions a re-arrangement of the wards. Dr. Hale White, as Senior Physician, peregrinates to the back portion of Addison. The exodus of patients, beds and paraphernalia, which took place under Sister Addison's superintendence a fortnight ago, was a long and interesting business, carried

out to the accompaniment of a running fire of comment from the convalescent youngsters who appeared to look upon the matter as a special performance got up for their benefit. Bedsteads and patients were exchanged, and the result now is that Dr. Shaw takes possession of the first or forward division of the ward, while Dr. Hale White goes round in the back division.

Our appeal for correspondence on the decline of the birth rate has resulted in several readers sending in letters which we regret we cannot publish. It is all very well to call a spade a spade and to confess one's abhorrence of euphemisms, but when brutal frankness is carried to excess, and correspondents go into detail upon the uses to which such an agricultural implement may be put in doing service on the muck heap, the line must be drawn somewhere. We fail to appreciate the standpoint of some of our readers who declare that they cannot adequately discuss the matter without entering into questions which are better dealt with in a clinical lecture on midwifery than in the columns of the Gazette, which, we presume, are read by the layman as well as by the professional. We had no intention, in inviting discussion, of throwing these columns open for a debate on Mrs. Besant, Mr. Bradlaugh, or the much-maligned Malthus. Perhaps we should have said so at once, in inviting correspondence, but it seemed clear, at the time, and to us, at any rate, that the main points could be discussed, and adequately, without more than passing reference to these questions which have excited some of our correspondents so much.

To our surprise, none of the correspondents who have hitherto favoured us with their views have seen fit to challenge the statement that the birth rate is declining. This statement in itself furnished a ground for debate and discussion. When it is borne in mind, for instance, that the fallacy of the published returns at present available is so great that no broad generalisations can be based upon them, that a Bill is at present before Parliament, having for its object the better registration of births—at present admittedly inadequate—and that a great many births are never registered at all, it seems surprising that no one has attempted to impugn the veracity of the statistics given, and to question the allegation that the birth rate is declining. Medical men seem to miss the faculty of correctly appreciating statistics. That want, indeed, is a subject on which quite an interesting article might be written. When one reads the mass of figures—from a statistical or actuarial point of view often absolutely useless—with which some professional writers encumber their treatises, one is struck with the fact that so little discrimination is used in sifting these data. Percentages and averages are taken from figures which, correctly analysed, do not admit of any such average or percentage being deduced from them, but on these fallacious figures the medical writer calmly gallops on, proving statements and verifying conclusions which no actuary will accept.

So, too, with the alleged decline in the birth rate. Unless and until it has been proved that the ratio of births to deaths, or to decrease of population generally, is diminishing, it seems to us a mere case for argument to allege that the birth rate is declining. Such proof cannot, in the want of correct figures, be given at present. When the new Bill becomes law, when all births are registered, then it will be time enough for our statisticians to figure out the perplexing answers to the questions which confront one in dealing with the question at present. To those readers who have expressed their views on the subject, we are duly grateful, even though many of their letters have had to be withheld from publication. To those who will tackle the matter on broad lines, without attempting to be too terse and emphatic in their phraseology, we are perfectly willing to afford as much publicity as they require for the adequate exposition of their views. But we cannot, in justice to the majority of our readers, give a free advertisement to certain things with which some of our correspondents deem it wise to deal, or review at length books and pamphlets which, however well known they may be to a section of the population, are certainly not fit to be dealt with in the Gazette.

The library has recently acquired a perfect set of Schmidt's Jahrbücher. The series, which is complete and up to date, should prove of great value to those engaged in research or original work. Of all professional publications the Jahrbücher are perhaps the most interesting, dealing as they do with a wide range of subjects, and containing a vast number of original, and, in some ways, epoch-making papers. They have been arranged by Mr. Mills, and are now available for reference.

We still lack, however, a complete set of the Surgeon-General's Catalogue, that extremely useful mine of bibliographical information in which can be found references on every conceivable subject directly or indirectly bearing on medicine or the collateral sciences. We possess a set of the first edition, but since the date of its publication, several years ago, so many new subjects have come into prominence, and the literature on old subjects has so immensely increased, that it is no longer quite so excellent a work of reference as it used to be.

Another addition that is urgently required in the library is an up-to-date dictionary of the French language. With advantage, a German lexicon might also be acquired. The library possesses several French dictionaries, but they are extremely antiquated, and for the student who wishes to look out certain medical and surgical terms they are quite useless, since the majority of these are not given in the old editions. We possess several excellent English medical dictionaries (none so full and complete, however, as the "New English Dictionary," which is a veritable gold mine for the student of historical medicine), and it is only fit that they should be flanked by similar works on French and German medicine. It is not much good to expect students to read French or German medical papers, as Professor Osler recommended, unless they have at hand a trustworthy dictionary to which they can appeal when in difficulty. The Wills Library contains many gift books from old Guy's men and other friends of the Medical School, and we are confident that when our literary wants are made known, they will very soon meet the eye of friends willing to remedy them.

When, a year ago, we asked for information concerning the old gentleman whose portrait adorns the Clinicals' room, and to whom we referred in the last issue of the Gazette, the fact that the portrait itself might be able to give the required information was apparently overlooked. It has remained for Dr. Hertz to suggest taking down the painting to see whether or not there was any writing on the back. Rendered heroic by the consumption of his nightly dish of bread and milk, Mr. Rippman volunteered to unmoor the picture, and, after covering himself wiih dust and grime, he triumphantly announced that the full history of the old gentleman was written on the back of the canvas. This is the inscription :—

> "William Hempfield, from the parish of Greenwich, by Will, dated 1858, bequeathed his body and this portrait of himself to Guy's Hospital, with the wish that his body should be dissected, and that this portrait should be placed in some conspicuous corner of the Hospital. The testator died on the 4th of March, 1863, aged 72."

So the mystery of the portrait is a mystery no longer. Who, or what, William Hempfield was, we have not been able to discover. His name does not figure in the National Dictionary, nor in that pantheon of obituary notices, the old "Gentleman's Magazine." A rapid glance through some of the obituary notices in the leading papers of that year—1863—does not give any further information concerning him. It would be interesting to find out if he was a subscriber of the Hospital, or if he took any active interest in the work here. The fact that he left his portrait and willed his body to us, shows that he must have taken some interest in Guy's Hospital. We shall be glad if any reader can throw light on the subject.

Elsewhere in this issue we publish a photograph of the "Tiny Tim" cot in Miriam ward, in the hope that, by drawing attention to the fact that we already possess one cot in memory of Charles Dickens, we may stimulate those

interested in the works of the novelist to help Dr. Knott in his attempt to found another—the Little Nell—endowed cot.

We regret to state that Mr. P. S. Campkin has resigned his position as a teacher in the Dental School. Mr. Campkin entered Guy's in 1896, and qualified as L.D.S. Eng., in 1898. He won the first year's dental prize in 1897, and the second year's and the practical dentistry prizes in 1898. After holding the post of Dental House Surgeon, he was appointed, in 1900, Staff Demonstrator of Practical Dentistry, which position he continued to hold until his resignation last month. He also for the past few years had charge of revision classes for the final L.D.S. Eng., and was dental surgeon to Guy's Nursing Staff. Mr. Campkin was known as an industrious student, skilful in his work, and possessed of a retentive memory. He was essentially a practical man, and painstaking in all that he undertook. We can assure Mr. Campkin that he carries with him the thanks and best wishes of his dental colleagues, and that his severance from Guy's is regretted alike by confrères and students.

We have great pleasure in announcing that Dr. Wade was last week placed on the Senate of the University of London by Convocation in the Faculty of Science. We are sure all Guy's men join us in hearty congratulations to Dr. Wade for the honour thus bestowed on himself and the Hospital.

We are asked to announce that the Hospital sports will take place at Honor Oak Park during the first week in June. Amongst the events will be the usual veterans' race, and intending competitors are asked to send in their names to the secretary of the Athletic Club. The Inter-hospital sports will be held on Wednesday, June 12th.

The "Bryant" Fund.

In announcing a further list of subscriptions to the above, the Secretary wishes to make a statement of the total amount now received. The sum of £1,436 has been actually subscribed, and has been invested in Trustee Stocks. The income from this investment, as it comes in, will be devoted to the purpose for which the Fund was originally started.

	£ s. d.	£ s. d.
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* Payable in three annual instalments.

THOS. G. STEVENS, Hon. Sec.,
8, Weymouth Street, W

Choosing a Doctor.

IN all the small, and in most of the great, decisions in life which everyone of us—whether peer or ploughboy, mudlark or millionaire—has to make, there is either someone at hand to offer advice, or, worse still, there are several advisers at hand with as many different pieces of advice, so that Æsop's tragedy of the Old Man, the Boy, and the Ass is enacted time after time in our midst. Or, again, there are books on the subject, dealing with every conceivable decision that circumstances might present, from "How to choose a Wife" to "How to pick poultry."

Surely, then, we are not without guidance in the important question — which assails every family newly settled in a district—of choosing a doctor, or are we indeed to seek assistance at the first house that we come across which has a red lamp over its gateway?

Great and learned men have written on this matter. Thus, from the point of view of the profession itself—Oliver Wendell Holmes:—

> "Choose a man who is personally agreeable, for a daily visit from an intelligent, amiable, pleasant, sympathetic person will cost you no more than one from a sloven or a boor, and his presence will do more for you than any prescription the other will order.
>
> "Let him be a man of recognised good sense in other matters, and the chance is that he will be sensible as a practitioner.
>
> "Let him be a man who stands well with his professional brethren, whom they approve as honest, able, courteous.
>
> "Let him be one whose patients are willing to die in his hands, not one whom they go to for trifles, and leave as soon as they are in danger, and who can say, therefore, that he never loses a patient."

Bacon writes in his essay "Of Regiment of Health," as though a little proud that his own discernment is greater than the average layman's:—

> "Physicians are some of them so pleasing, and conformable to the Humour of the Patient, as they presse not the true cure of the disease; and some other are so regular, in proceeding according to Art, for the disease, as they respect not sufficiently the condition of the Patient.
>
> "Take one of a middle temper; or if it may not be found in one man, combine two of either sort; and forget not to call, as well the best acquainted with your Body, as the best reputed of for his Faculty."

It would be interesting to inquire how far Bacon's shrewd words apply to the present day: whether, for instance, Dr. Dash of this hospital might not be likened to Bacon's "pleasing and conformable" physician, and Dr. Asterisk, on the other hand, to the one "so regular, in proceeding according to art," but such an inquiry might be fraught with a certain amount of difficulty, to say nothing of danger.

It is, after all, doubtful whether these high counsels are ever consciously followed by that self-confident band of individuals—the General Public. They have their own ideas as to the man who shall help their children into the world, and themselves out of it. And what are these ideas? In the first place, perhaps, degrees and diplomas *do* count for something; perhaps the layman does occasionally delve in a mine of truth such as the Medical Directory. Of course it is obvious that a man with M.R.C.S., L.R.C.P. after his name must be better than one with M.D., for one has eight letters and the other only two. Then a Ch.M. can't be much good; it only means Chemical Master, which is no more than Licentiate of the Society of Apothecaries. Hear an imaginary layman's views on one coveted diploma:—"Oh, a F.R.C.S., is he? That's nothing. Anybody can have that by paying five guineas a year, you know. Then he's only got 'Mr.' on his brass-plate. Now Dr. Suavetty is both physician *and* surgeon."

Now-a-days, when patients—thanks to that mighty wind-instrument of progress, the daily Press—think they know almost as much medicine and surgery as their doctors, people have become more than ever critical as to the professional attainments of the latter. Perhaps a patient has found that the doctor has not read about last week's cancer "cure;" we hear him (or more probably *her*) saying:—"I must really stop having Dr. A., and get a man who keeps up to date."

And what are the other matters which will help to decide the patient in the choice of a doctor? The class and position of the doctor's other patients, his married or single state, his energetic youth or experienced age, his affable hilarity, or very right and proper gravity—all these things, and others, quite trifling and personal, but which have influence none the less—such as a tendency to squint, the presence or absence of a beard, a "professional" manner, the character of his hand-shake, and the expression of his parting smile—such things as these also help to guide us, often far more than we realise.

But we have, so far, only supposed our imaginary patient who is choosing a doctor to rely on his own predilections, and his own

experience. The predilections and the experience of other people are, however, at his service, if he will listen to them, and he may in this way obtain an amount of advice which, if advice of this kind had any money value, would suffice to pay his doctor's bill many times over. One of Du Maurier's inimitable "Punch" drawings shows a bevy of fashionable ladies discussing and comparing notes as to the professional abilities of their pet medical men. Each favours her own, so that the patient they are "advising" is left much where she was as far as choosing a doctor is concerned.

The choosing of a doctor is not of small importance, for some of the consequences of the choice are of considerable moment, as, for instance, the question whether he will taboo alcohol in any form, or will recommend "a glass of port wine every now and then to keep up the strength." Then, again, he may either advise lying in bed with complete rest, which is perhaps just what the patient is hoping, or he may advise plenty of exercise in the open air, which is the last thing the patient means to do.

The factors which go to form the final decision of a patient in his choice of a doctor are, therefore, very diverse. They may be summed up under four heads:—

1. Money considerations.—

$$\text{The ratio } \frac{\text{Average income of doctor}}{\text{Average income of patient}}$$

is probably a constant in any particular grade of society, being about equal to 1 in the middle classes, > 1 in the lower classes, and < 1 in the upper classes. These money considerations will not, however, have much weight with the patient who does not intend to pay the bill.

2. Doctor's reputation—deduced from various distorted accounts given by other patients, and from other unreliable information. The personal factors will have to be eliminated, and various corrections applied before any approach to the truth can be arrived at.

3. Doctor's personal characteristics—which partly account for the fact that some ignoramuses have large and flourishing practices, whereas some men of the widest mental calibre have to exist upon the undesirable patients which the ignoramus has no time to attend.

4. Miscellaneous considerations, *e.g.*, the doctor's social position, the fact of his house being at the next street corner, etc., etc.

Now it stands to reason that no patient can be so well-informed as to have complete knowledge on all these points, and no doctor can be so perfect (or perhaps, rather, so "pleasing and conformable") as to satisfy each particular patient in them all. From which we draw the conclusion that the doctor is, after all, chosen largely by chance, and it is this fact which makes it possible for everyone (roughly speaking) of the 39,365 medical practitioners in this country to earn a living; how—otherwise—some of them would get any patients would be a completely insoluble mystery. A. N. C.

Obituary.

Laurence Wilmer Kinglake Phillips.

Laurence Wilmer Kinglake Phillips was the first of the three brothers Phillips to enter at Guy's. He joined in 1876. The elder and younger brothers joined us soon afterwards, and the younger predeceased him, dying at Southsea a few years ago. The following obituary appeared in the *British Medical Journal* of April 13th, and was contributed by a man of his year and colleague, Dr. Ryder Marsh, of Brighton.

> The unexpected news of the death of Dr. Phillips was received by his numerous friends in the towns of Hove and Brighton, on March 27th, with the keenest regret mingled with surprise. He had only been suffering for a few days from what was regarded as a mild attack of influenza. On the afternoon of March 26th an attack of vomiting with slight hæmoptysis heralded the approach of alarming symptoms of heart failure and collapse, to which he succumbed before three o'clock on the following morning. Born at Brighton on December 24th, 1855, he commenced the study of medicine as a pupil at the Sussex County Hospital. He then entered as a student at Guy's Hospital, where he was distinguished for his painstaking and conscientious work. He took the diplomas of M.R.C.S. and L.S.A. in 1880, and obtained his first knowledge of private practice by working in the East End of London. As soon, however, as the post of House-Surgeon to the branch of the Brighton Dispensary in Hove became vacant, he applied for it, and held the appointment for six or seven years; he then entered into partnership with the late Dr. Medcalf. Eight years ago Dr. Medcalf died, and Dr. Phillips carried on the practice, and succeeded to nearly all the appointments. Subsequently he was appointed Surgeon to the Police Force. He was Honorary Medical Officer to the Hove Branch of the Brighton Dispensary and the hospital in connection with that institution. This appointment he held from 1888 until the time of his death, and did a great deal of operative surgery. His colleagues feel that they have lost a sincere friend whose skill and judgment they greatly appreciated. On leaving Guy's he still continued his studies,

obtaining the D.P.H. Camb. in 1884, the L.R.C.P. Lond. in 1885, and the M.D. Durham in 1898. Although not of robust appearance, he nevertheless enjoyed very good health, and was never laid up. He worked very hard at his profession, and never took any holidays, with the exception of a day or two's fishing and sailing. For this relaxation he kept a boat, and was intensely fond of being on the water. Although of a retiring disposition, his warm-hearted and genial character gained for him a great many friends, who thoroughly appreciated his many sterling qualities. He was unmarried. His father, Mr. Barclay Phillips, an old and highly-respected Brightonian, is still alive at the age of ninety-two, and resides at Bedford, where his eldest son, Dr. F. B. W. Phillips, is medical officer of health.

An intimate friend of Dr. Phillips writes to us as follows:—

The sense of humour is so precious a gift in the equipment of professional life that any stray flowers left by the wayside are worth gathering up. I was at the Sussex County Hospital with the late Laurence Phillips, and afterwards shared "diggings" with him in Lambeth Road. Would that I could call to mind more of his trenchant criticisms and humorous philosophies! The life of students of limited means in the South of London thirty years ago was a grey one. There was no college, club room, gymnasium, or athletic ground to relieve the gloom of the Boro' and Lambeth. I remember one Saturday night, casting about for some cheap form of amusement, Phillips gravely suggested, "Let's go up to Rimmel's, in the Strand, and smell the soap." We went forthwith. It was a commodity little known in our neighbourhood, and it was something to see men and women in evening dress driving to the theatres. But he was more often sardonic. When we had both become house-surgeons in country dispensaries, I asked one day, "What do you do for babies with vomiting and diarrhœa when they begin to get collapsed?" "Go home and fill up a death certificate," came the answer as quick as a trigger on a cap. Phillips was fond of picking up a picturesque expression. One that he frequently used was "conger-boss;" as thus, in describing a difference with a committee, he would say, "Things had got rather into a conger-boss, so I proposed . . ." I never asked him whence he got the expression. Its fitness to express certain maritime episodes was too obvious. Imagine a Brighton boatman with a nice party on board fishing, several lines in the bottom of the boat, the tail of the anchor rope forward, the beer aft; enter a conger on somebody's line. They are strong and tricky brutes; confusion soon reigns where before all was peace and good order.

The following lines and fragments of our essay were found among his papers:—

A RECEIPT FOR MAKING AN ALDERMAN.

Take a lump of Guzzleine,
Add a drop of Bovinine,
Use a pint of Fussiline,
Flavour it with Swizzleine,
Simmer it in Fuddleine,
Scent to taste with Slangylene.
Strain it through some Muddlein,
Serve it in a hot tureen,
Set a speech or two between,
Skim off any thought therein,
Garnish with a double chin,
Pray the Council swallow him.

ON THE BENEFITS CONFERRED ON SOCIETY BY THE UNSUCCESSFUL AND WICKED.

"'He is unsuccessful, a failure, he has never done any good for himself.' That is, in the mind of the average man, the worst condemnation that can be passed on a fellow struggler; for we worship success! But if one has never done any good for himself, and is unsuccessful, it does not follow that he is a failure. Perhaps he was *designed to be unsuccessful*. The successful cannot exist without the unsuccessful; the one is the background of the other. Take away the heavily-shaded background from a Rembrandt, what becomes of the high lights? Will anyone say that the shading is less worthy of Rembrandt than the lighter parts of the picture. Consider a class at school; the clever boys are at the top, the dull ones at the bottom. The master points out that the top boys have done the sum right; the bottom boys have got the wrong answer. Yes, but if the bottom ones had got the right answer, too, how could you praise the top ones? Besides, the bottom boys have done much more work than the clever ones. They have reduced everything to the lowest possible denomination first, from acres to roods, yards, feet, to square inches, while the clever boys at the other end have only made two lines of calculations. Let everyone have their due. All competitions, athletic or intellectual, derive their interest from the background. The fact that young Earlybird scored 970 marks derives additional lustre from that other, that poor Toilhard only obtained 119. No, the statement that a man has failed implies no more than that he has adequately discharged one of the most useful and necessary positions in society.

* * * *

"Consider, also, what we owe, particularly our profession, to the wicked. If we were all to become virtuous, root and branch, at once, venereal diseases and all their far-reaching consequences might be stamped out, all the alcoholic diseases banished. As a consequence of the absence of the two foregoing, and the assumption of a calm philosophic state of mind, with restraint of temper, restlessness, and ambition, the asylums would soon be nearly empty. There would be no living for the 14,000 or 15,000 doctors that the kingdom at present supports. But we should miss a good deal of colour in life. Generosity, sympathy, would to a large extent go with it. Indeed, as without the non-successful success would be hardly apparent, so without the wicked we should miss the superlatively good."

Ovaritis.

CLINICAL LECTURE BY DR. PETER HORROCKS.

May 6th, 1907.

GENTLEMEN,—The subject selected for to-day's lecture, namely, Ovaritis, is one with which I cannot deal efficiently in the time at my disposal, but it is one of great importance, and when you get into practice it is sure to engage your attention almost directly. It is a hybrid sort of term, partly Latin, partly Greek, which is shorter and more easily pronounced than the more correct word oöphoritis. Although you know that ovaritis is inflammation of the ovary, yet when you are asked to describe what is the matter with the ovary when it is inflamed, you come upon a difficulty. In the case of the kidney, an organ which secretes, there are tubes, and in inflammation of the kidney you find definite inflammatory changes in those tubes, both to the naked eye and under the microscope. But it is different with the ovary. We do not know that it is a secreting organ. Even the ancients knew the ovary provided eggs, and until recently that was supposed to be its only *rôle*, this function being carried on from about the age of fourteen to until nearly fifty. But the ovaries are now supposed to have other functions, and they are more carefully examined. And during the last thirty or forty years they have been much more frequently removed, and, at one time, more often even than now. Healthy ovaries were removed because of the existence of fibroid tumours in order to bring about an artificial menopause and so stop the excessive loss of blood and get the tumours to shrink by atrophic changes. This operation was much less fatal than hysterectomy until the more perfect evolution of asepsis had been attained. The removal of healthy ovaries is called oöphorectomy, to distinguish it from the removal of an ovarian tumour, which is called ovariotomy. Ovaries removed by oöphorectomy were often found to contain small cysts, which at first were thought to indicate early disease, but which are now considered a normal condition. When a Graafian follicle becomes matured it forms a tiny cyst, then it bursts and leaves a cavity which becomes the corpus luteum. The ovaries become scarred by the remains of these follicles. A stroma is found in between the Graafian follicles. The ovary has no secreting tubes, and there is no duct leading from it, unless you look upon the Fallopian tube as a duct leading to the uterus; but it is not attached to the ovary like a duct to a gland. The ovary may be bigger or less than normal. Some people believe that a small ovary is a late stage of the enlarged ovary. The healthy ovary is about the size of a walnut, but inflammation may render it three or four times as large. In cystic degeneration the ovary may be so enormous as to fill the whole abdomen, so that it presses on the liver, the diaphragm, and the pelvis. In chronic ovaritis the ovaries may ultimately shrink until each ovary is no larger than a broad bean, and is hard, and on section the stroma is very dense. Ovaritis is either acute or chronic. Acute ovaritis occurs after labour when sepsis occurs. There may be suppuration, and one or more abscesses may form in the ovary. Abscesses of the ovary, however, are now much less common; sometimes they occur after specific fevers. You will rarely meet with acute ovaritis in practice. It is the chronic ovaritis which causes the two forms of ovary I have mentioned.

You may naturally think that inflammation of ovaries is due to a microbe; anything which ends in "itis" is said, now-a-days, to be due to a microbe. I do not know whether that is so, but streptococci and other septic organisms have been found in the ovaries when inflamed. The gonococcus, as might have been expected, is often found, and the bacillus coli has been found, too, because the ovary is near the bowel, and may become attached to it. But whether they are the *fons et origo mali* in these cases I cannot tell you. Still, it is quite correct at the present time to say that ovaritis is due to micro-organisms. I should also say traumatism is a cause, though many pathologists say you cannot inflame an organ by traumatism; that a microbe must be present in addition. I am not prepared to accept that. You may know that the ovaries in a patient are inflamed and tender, and the cause may be excessive coitus, especially if the ovaries happen to be more or less prolapsed. If microbes are necessary to the inflammation, I can only say that they must be there normally, waiting to produce inflammation directly the organ becomes damaged. Then there may be a nerve cause for ovaritis, and this, I think, is by no means difficult to allow when you consider such an affection as herpes zoster.

I want you to think of what inflammation is. Everybody will tell you that the first stage of it is hyperæmia; more blood comes to the parts than normal, and they are congested. Think of the menstrual period in a girl's life from youth to the menopause; every month she has an engorgement of the ovaries and other pelvic

viscera, so that they are in the first stage of inflammation—hyperæmia. Such organs can easily pass into a condition in which the inflammation is more or less chronic. Some people assert that celibacy may cause ovaritis, and, in proof, they cite cases where all the symptoms of chronic ovaritis disappeared after marriage, especially when pregnancy followed. I confess I am not convinced it is proved a woman had ovaritis, although she may have had the symptoms of it before marriage, and these have disappeared afterwards.

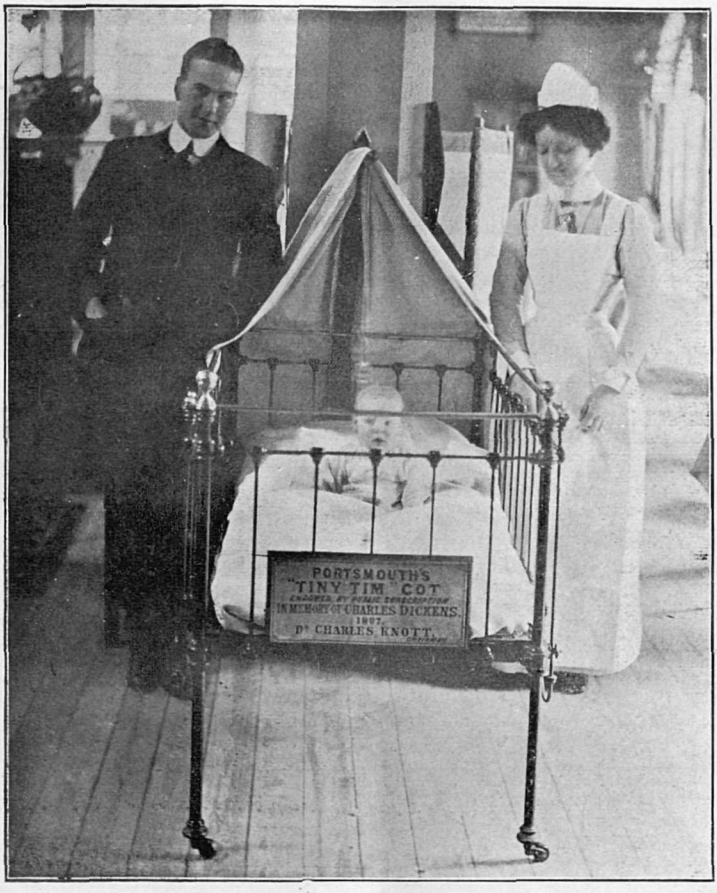
Then there is a very big subject, which I can only allude to incidentally here, but which you will find is a very difficult and delicate one when you get into practice—masturbation. Masturbation in women is undoubtedly a cause of both ovaritis and other pathological conditions, but you will seldom get a woman to admit that she masturbates. You may be treating a woman for all kinds of things—pruritus, leucorrhœa, dysmenorrhœa, pains in pelvis, pains in the back, lassitude, depression of spirits, wasting, headache, palpitation, loss of memory, strangeness of manner, even to insanity, and never suspect the real cause, which is masturbation. You may treat her for months, and yet she is no better, and perhaps you do not suspect that the real reason is masturbation. Hypertrophy of the nymphæ may cause you to suspect it, but, on the one hand, this may be present without masturbation, and, on the other hand, masturbation may be regularly practised without producing hypertrophy of the nymphæ. Any suggestion of this habit as the cause of the trouble, either to the patient herself or to her mother, may result disastrously. Hence you are frequently compelled to keep your suspicions to yourself.

Masturbation may lead to insanity in hypersensitive or very religious women. When insane they do it openly as well as in secret, and most asylums contain such cases. When not insane it is of course only done secretly, and so it is as a rule difficult to prove. Sometimes the patient will tell you voluntarily, but if not, you must use your own discretion in regard to the question of mentioning the subject at all. I must leave the matter there, simply asking you to remember that it does play a part in the causation of ovaritis.

Passing instruments into the uterus, such as the sound, used to produce acute ovaritis, probably by introducing microbes, which travelled along the tube. Nowadays aseptic procedures have rendered the using of instruments practically free from danger.

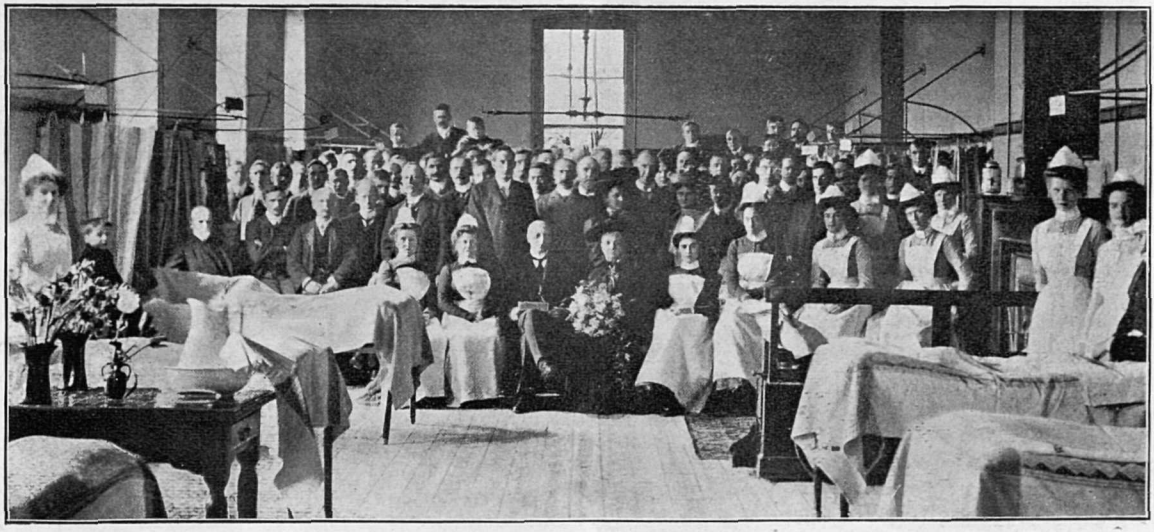
Gonorrhœa often passes along the endometrium and Fallopian tubes until it reaches the peritoneal cavity and sets up an inflammation round about the ovaries and the fimbriæ of the Fallopian tubes. The result is perioöphoritis and ovaritis. Lymph is thrown out and sometimes foci of pus are found in the meshwork. Pelvic peritonitis from causes other than gonorrhœa may involve the ovaries. Direct injury through the abdominal wall or the vaginal roof, or through the rectum, may cause ovaritis, or the blood may contain poisons which set up ovaritis. That may be the way in which the specific fevers sometimes cause it. Some say alcohol causes ovaritis, and the proof is said to be that if the patients become total abstainers, the ovaritis ceases. The late Dr. Matthews Duncan said that, and whatever he said deserves careful consideration, because he was an honest observer.

But this afternoon I want particularly to draw your attention to the kind of patient and what she complains of. Pain in one or other ovarian region is so common that I remember one of the students in the Out-Patient Department, years ago, asking me if there were any women who had not a pain on one or other side. I would not say it is normal to have a pain, but it is one of the commonest complaints among women. It is described as a dull, aching, constant pain, which is relieved by lying down. Chapters have been written on ovarian pain. Matthews Duncan called it "Charcot pain." I remember when I was a pupil of Charcot's at the Salpétrière Hospital, in Paris, a woman was brought in a condition of hystero-epilepsy, and Charcot said, "Gentlemen, this woman's condition is what used to be called 'possessed of devils;' I will exorcise the devil," and he took his walking-stick, put it on the ovarian region, and leaned on the stick. The patient then came round and looked about her, and asked where she was. He removed his walking-stick, and she at once fell again into the hystero-epileptic convulsed condition Of course, the ovary is a moveable body, so, if you tried, you could not compress it with a walking-stick; but Charcot pressed it upon the ovarian region, and the plexus of nerves in the ovarian region communicates with the spinal plexuses. And so you can understand how a patient who has anything the matter with the ovary may complain of pain in that region, and of other kinds of pain as well. Matthews Duncan called it "Charcot pain," because Charcot attributed it to the ovary without any other kind of theory in reference to it. The complaint may be on one

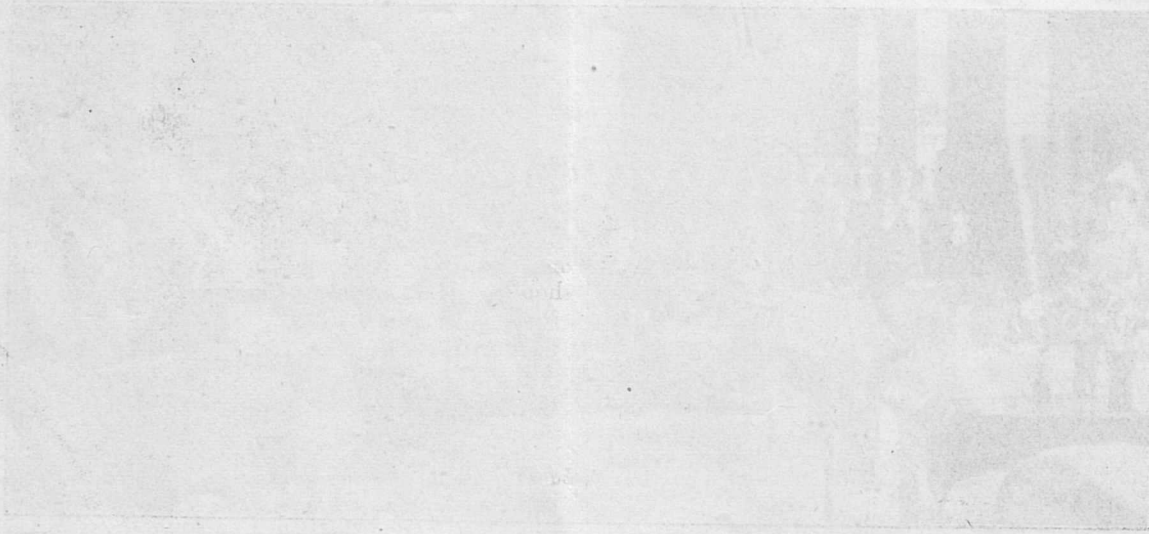


The "Tiny Tim Cot" in Miriam.

Occupant: "JUMBO." Deputy Sister: NURSE E. CLIFFORD. Clinical: J. T. SMALLEY.



Dr. Taylor's Last Round.



or other side, or on both alternately. Pain may be felt in the sacro-iliac synchondrosis, down the thigh, and sometimes all round the abdomen. She comes beseeching you to give her some medicine for it. You do so, but it does her no good; you prescribe something else, with the same result; and you may go through the Pharmacopœia. If you are wise you will not give opium. She, perhaps, goes to another doctor, and he gives her some morphia; she is relieved at once, and says he is a good doctor, and that she has been attending Dr. So-and-So, but without benefit. Ultimately she may develop the morphia habit, and then she worries this second doctor's life out of him for more morphia. Never give these patients morphia. The ovaritis is not so bad as the craving for morphia. Remember, a patient with ovaritis may have reflex pains almost anywhere. One of the commonest places is under the left breast, along the edges of the ribs, and on the top of the head. There is also pain at the monthly periods. The pain due to the ovary in dysmenorrhœa comes on as a rule before the flow, and is relieved by the flow. If it is not relieved by the flow, but comes on before the flow, it may be ovarian in origin, and the pain during the flow may be uterine. So you must not imagine, because the pain is not relieved by the flow, that it is not ovarian in origin. The pain may be a mixed one. The ovaries are tender and may be inflamed. There is pain on sexual intercourse, particularly if the ovaries are displaced downwards. Sometimes an ovary drops into Douglas' pouch, and then connection may become almost impossible, and the woman is so afraid of being hurt that she gets vaginismus. Another characteristic thing is some micturition trouble. The ovary seems to be associated in such a way with the bladder that the patient tells you she cannot pass her water, or that she has a desire to pass it too often, or that it is painful to pass it. Again, if the ovary is in the way, and is tender, there is pain on defæcation. There is also tenderness in the ovarian region, so that if you press there, the muscles of the abdomen contract and become hard. If you make a vaginal or rectal examination, directly you touch the ovarian region, the patient feels pain. The books speak of the periods being sometimes profuse, sometimes scanty, in ovaritis; but in chronic ovaritis (the common form) scanty menstruation is the rule. There may certainly be profuse menstruation, particularly in the early stages. There is also generally some leucorrhœa, and there may be reflex vomiting, digestive disturbances, indigestion, flatulent distension, eructations, etc.

If you remove the ovaries the woman becomes changed; she can no longer bear a child, she puts on fat, particularly on the abdominal walls, she develops certain masculine traits, and the genital organs atrophy. Sexual desire and pleasure are usually diminished or lost altogether, and, indeed, coitus often becomes painful, and sometimes impossible. Hysteria may supervene. Hysteria is derived from a Greek word, which means the womb, because the ancient Greeks thought hysteria was due to the uterus wandering about from one part of the body to another. We know it does not do that; but we must remember that hysteria is a real disorder, and that it must not be confounded with malingering or shamming. If a woman hears you use the word hysteria she will think you mean shamming; so to avoid giving them offence we now use a new word, "neurosis." A woman may be more or less of a malingerer as well; there may be all kinds of hysterical symptoms, even hysterical paraplegia, partial or complete. The ovaries play an important part in the production of hysteria. The ovaries have positively been removed with the object of curing some hysterical affection.

Ovaritis, as well as masturbation, will produce mental symptoms, and generally in the form of melancholia. But I am not satisfied that it is the ovaritis which does it. I think very often it is the mental effect due, perhaps, to the masturbation which has preceded it, and the patient begins to think she has been very wicked, that she has done something to jeopardise her soul. That, preying on her mind, makes her melancholic. No doubt at Bethlem they can always show you cases of that kind. Chronic rheumatic arthritis is also said to be due to ovaritis. That is of very great interest. I know a patient who is carried up and down stairs, as she cannot stand or walk, all her joints being spoiled. Is that due to some secretion of the ovary? We do not know much about the pathology and ætiology of chronic rheumatism. It has been proposed to cure cases of chronic rheumatism by removing the ovaries, as they may be pouring something into the blood which should not be there. Ovaritis, especially if on both sides, may account for some cases of sterility, and it will cause the condition to which neurasthenia has been applied. A young lady has a disappointment in love, and begins to get thin. You are called in, and find she is losing flesh; there is no cancer, or abscess, or tubercle, nothing to account for it except this disappointment. It is said to be due to an affection of the ovaries. As a rule, if she is

single, you do not make a vaginal examination; if you make an examination at all, it should be rectal. You may then find that the ovaries are tender.

With regard to the diagnosis of these cases, the first condition I would mention, because it comes before me very frequently, is appendicitis. It is rather a fashionable complaint at the present time. And you know the appendix is very near the ovary on the right side. If a woman has pain in the right ovarian region and goes to a surgeon, he is almost sure to say it is appendicitis. If she goes to an obstetrician, he is almost sure to say it is ovaritis; and whether it is one or the other it is often impossible to say. The surgeon would press down on what he considered the appendix; the obstetrician would press down on what he regarded as the right ovary. I have operated upon cases which have been treated in bed for months for appendicitis, but in which at the time of the operation the appendix was found to be quite healthy; it was not inflamed, it never had been, and some such condition as chronic ovaritis or twisting of the appendages, with local peritonitis on the right side, explained the patient's symptoms. On the other hand, I have seen cases which have been diagnosed and treated as chronic ovaritis turn out at operation to be cases of appendicitis. The medical profession does not pretend to be infallible, and it is not difficult to make mistakes, but remember it is very easy to confuse appendicitis with ovaritis, salpingitis, or local peritonitis on the *right* side. If the pain is in the left ovarian region, the matter is not so likely to be in dispute. When the pain is on the right side, one doctor says it is appendicitis and recommends an operation; another doctor says it is ovaritis or some inflammation near it, and recommends no operation, but only local treatment. If his advice be taken, and the patient gets well, he naturally thinks he was right. But it is no proof, because many cases of appendicitis get well, often enough, without operation.

I saw a young lady, æt. 21, who was in great pain in the right ovarian region. I was unable to find satisfactory evidence of ovaritis, and Mr. Lane, who saw her with me, was unable to say she had undoubtedly appendicitis. However, he operated upon her, and it proved to be a severe and undoubted case of appendicitis with extensive inflammation round about it descending to some extent into the true pelvis. This will serve to show you how difficult it is at times to distinguish ovaritis and appendicitis.

Salpingitis is another condition with which ovaritis may be confused. The tube and its lining are often inflamed, and it is often gonorrhœal in origin. The infection has crept up from the vagina, through the uterus, and along the tube. There is peritonitis round about, and in the fimbriæ of the tube, and adhesions glue the parts together. It is very difficult to distinguish pure salpingitis from ovaritis, and frequently both co-exist in the same patient. Remember, however, that salpingitis is nearly always double, and so there is pain on both sides.

Again, perimetritis is so like ovaritis that it is impossible to distinguish between them, but ovaritis is often a part of the perimetritis.

Parametritis is different, and you will not find so much difficulty with that, though, of course, the two may co-exist.

Now, except in the rare acute cases, the patient with ovaritis will not have an elevated temperature. Where there are abscesses, they are usually part of a septic condition, and the temperature is raised by that.

With regard to treatment, for inflammation of all kinds, rest is the thing. There are two kinds of rest, physical and physiological. There should be rest in bed, and also rest from coitus, if that has been going on. And so in a young married lady she is generally improved by sending her home to her mother for a time. Hot fomentations and hot vaginal injections are good. Often the patient will say she has been told to use the injection as hot as she could bear it, and so she has used her hand as a guide. But that is no criterion. Asked how much they are using, they will perhaps reply, "Quite a pint." But that is not much good. To derive the best results from hot water vaginal douching, two gallons at 115° to 120° F. should be used three times a day. If the woman gives the injections herself, it is best to have a douche can hung above the bed, with a connecting tube and nozzle, and a tap, putting a mackintosh on the edge of the bed to conduct the liquid afterwards to some vessel. If the nurse is to do it, she can use the douche can or a Higginson's syringe. I have an Indian lady patient who cannot stand a temperature of more than 105°; her skin is extra sensitive.

Counter-irritation over the ovarian region, by means of blisters, or painting with tincture of iodine, or mustard leaves, has been recommended. I recommend them myself, and I think you will find them very beneficial. Some people put leeches on the cervix and the top of

the vagina, but leeches are not now so commonly used as they formerly were.

A change of environment is often very good treatment for these cases. A visit of six to eight weeks to one of the many hydros, in this country or abroad, helps to cure the patient.

If there is any constipation, aperients should be given. Constipation probably keeps up congestion in the pelvis, and the hard fæces may hurt the ovaries in their passage onwards. Some physicians rely very much on glycerine plugs in the vagina. They produce a watery discharge by osmosis.

Remove whatever cause you may find, such as gonorrhœa; but if the gonorrhœal inflammation has passed into the uterus and tubes and ovaries, it is rather late to begin to treat it. You can cure the vaginitis, and you might also cure the endometritis, by giving an anæsthetic and swabbing out the uterus with pure carbolic acid; but you cannot get at the tubes. If there is gonorrhœal salpingitis and perimetritis round the ovary, you will have to try to get it absorbed; you might rub in a little oleate of mercury ointment above the groins and go on with the douchings, etc. But those cases are extremely difficult ones. Prostitutes are sterile, as a rule, because of this gonorrhœal salpingitis and periovaritis. It is not simply because they use syringes and inject preventives that they are usually sterile. The trouble may go on to pyosalpinx. If the patient is taking too much alcohol in any form, you should lessen it, or, better still, put a stop to it altogether, until she is better of the ovaritis, or its symptoms, at any rate. If you suspect masturbation, it will tax your ingenuity to broach the subject without offence, and to put a stop to it should it be admitted. If confession is made, moral suasion is practically the only means at your disposal.

Very often, in these cases of ovarian trouble, the uterus is displaced. There is retroflexion of the uterus, and the ovaries come down. If you remedy the displacement in such cases, you will probably find the ovaritis will get better.

Some people swear by iodide of potassium for the condition, for which syphilis may be a cause. Some give perchloride of mercury. You can give either, or both. Whatever you do, do not give opium, or morphia, or anything of that kind.

For neurasthenia, the Weir-Mitchell treatment is good: isolation, massage, and feeding the patient up.

Last of all, there is oöphorectomy, or removal of the ovaries. This was done wholesale at one time, and as the evolution of asepsis had not attained such perfection as it has since, some patients died of peritonitis. For an ovarian tumour which would kill the patient in about two years, the risk was justifiable even then; but it was not justifiable to remove normal ovaries for painful manifestations, and the practice was condemned by the best men of the time. Now, ovaries can be removed, with almost certain safety, with present-day aseptic methods; but that is no justification. It is no more justifiable to remove the ovaries just because of pain in them, than it would be to remove both eyes because a man got a splinter in one cornea, although one could promise that he would never get another splinter in his eye. Oöphorectomy should be done only as a very last resort. If you find one ovary is enlarged, and that is probably the cause of the trouble, you may remove it by the vaginal or abdominal route. It has been found, however, that when only one ovary has been removed the pain is often just as severe, or at any rate is only temporarily relieved.

Never forget that the removal of the ovaries alters the patient altogether, it unsexes her, and it should only be done in the last extremity. The ovaries are just as important to a woman as the testicles are to a man, and they should not be removed, except for a very good reason indeed.

Pass List.

University of Cambridge, April, 1907.—D.P.H.—W. Gibson Parker, M.B. Lond.

University of Durham, April, 1907.—Degree of Doctor in Medicine.—Alan A. Smith, M.B. Durh.

Royal College of Physicians of London, April, 1907.—Elected to the Fellowship (F.R.C.P.)—Herbert S. French, M.D. Oxon.

Final Conjoint Examination, April, 1907.—Medicine, Surgery and Midwifery: *N. Flower. Medicine and Surgery: *M. M. Earle, J. G. Phillips, *J. L. Rankine. Medicine and Midwifery: H. J. Henderson. Surgery and Midwifery: J. E. Hodson and *M. Leckie. Medicine only: M. R. Dobson, *R. R. Walker, H. P. Aubrey, *F. B. Lowe, *L. D. Stamp, J. A. C. Greene, P. J. Kolaporewalla. Surgery only: H. B. Carlyll, E. P. Minett, R. Willan, *A. T. Densham, *J. H. Mayston, *W. R. Greening, *E. L. R. Norton, *B. B. Metcalfe. Midwifery only: S. H. Cummings Air, H. J. B. Cane, L. L. C. Reynolds, *R. E. Brayne, B. Wallis, J. N. Watson, C. F. L. Leipoldt, F. Holcombe Fuller, F. Morres, E. P. H. Joynt, H. F. Joynt.

* Denotes completion of Examination.

THE YEAR'S WORK.

The Annual Report and What it Tells.

The Annual Report of the Treasurer was published by order of the Governors last week.

It appeals for—

NEW ANNUAL SUBSCRIPTIONS.

THE BALANCE REQUIRED TO COMPLETE THE RENOVATION AND BUILDING FUND.

FUNDS TO PROVIDE FOR AN ENLARGED OUT-PATIENT DEPARTMENT.

SEPARATE CHILDREN'S WARDS.

THE REBUILDING OF CLINICAL.

In introducing the report, Mr. Bonsor says:—

The first expression of this report is rightly one of heartfelt gratitude for the generous support received during the year 1906 from friends living and departed; support which, in large measure, has relieved the burden of the past, and brightened with hope the times to come. In such a season of rest from strain the things accomplished can most easily be reviewed and adjusted, the requirements of the future surveyed, and fresh energy and resolution gathered to carry those requirements into effect. As it comes within hopeful distance of realisation a clearer recognition may be had of the magnitude of the undertaking entered upon by the Governors in the year 1895. To restore and augment a revenue suddenly depleted by £20,000 per annum, concurrently with raising large special funds, and to make an old but vast institution equal in buildings and equipment, in organisation and administration, to the latest and best ideals of humanity and science, and to do all this without, meanwhile, depriving the sick poor of a single benefit previously at their command, presented a task requiring all the encouragement which lies in a noble purpose. It moreover called for wise, far-seeing plans, patient persistent endeavour, and last, but not least, exceptional aid from people of wealth and goodwill. All these essentials, it is thankfully acknowledged, have been forthcoming, and though the full purpose is still short of fulfilment, there are fair grounds for confidence that the Hospital of Thomas Guy will hold its pride of place in the service of suffering so long as the privilege remains for man to help his fellow-men at personal cost and according to individual judgment.

THE YEAR'S LOSSES.

Death has deprived us, during the past year, of many good friends, and several members of the governing body and staff. Mr. Beit, to whose memory a brass tablet has been erected in the chapel, Mr. R. A. Hankey, and the Earl of Leven and Melville, were members of the Court of Governors, and through their death the hospital loses valuable friends and advisers. Dr. Bryant died; Mr. Lucas, Mr. Higgens, and the Rev. P. H. Bown resigned their appointments during the year. Nor must we forget to mention the death of Mr. Prier in his retirement after more than half a century of work in the service of the hospital.

SOME STATISTICS AND A FEW FIGURES.

The highest daily average of patients in the wards was 556, recorded in January, 1906. The average was 520·3, of which 249·1 were medical, and 271·2 surgical. This is a lower average than in 1905, when the figure was 526·3. The reason for this decrease is alluded to below:—

The total number of in-patients for the year was 8,447, as compared with 8,626 in 1905, the decrease arising through two medical wards, Stephen and Esther, containing 50 beds and 44 beds respectively, having been under renovation during a portion of the year, a closure which the service of the Change ward, containing 21 beds, could only partially meet. On the other hand, the number of out-patients increased from 137,792 to 147,521, an increase spread over every class of case, with the exception of an immaterial diminution in the number of mothers attended by the Maternity Charity.

Of the 8,447 in-patients accommodated during the past year, 501 occupied the wards on the 1st January, 1906, and 7,946 were admitted during the course of the year. Of the number treated, 6,704 were discharged as cured or relieved, 474 as unrelieved, and death occurred in 734 cases, as compared with 792 deaths recorded in 1905. The remainder were in continued occupation of beds at the commencement of 1907. The cases were divided into 2,624 of a medical and 5,823 of a surgical nature, which represented a decrease of 278 in medical cases and an increase of 99 in surgical cases, compared with the previous year. The average number of beds in daily occupation fell from 526·3 to 520·3, a result mainly due to the cause above stated.

Amongst in-patients were included 1,148 persons suffering from accidents, of whom 87 died, giving the low mortality percentage of 7·5 for accident cases. The average mean residence of medical patients was 38·2 days, the longest average stay in the past decade, and that of surgical patients 17·7

days, identical with that of 1905. The rate of mortality among in-patients was 20.3 per cent. in medical and 4·5 per cent. in surgical cases, equal to a mean mortality of 9·2 per cent., a slightly lower percentage than in the preceding year.

No less than 813 patients were sent to convalescent homes for the year. As in preceding years, Swanley and Miss Henry's Home at Worthing took by far the majority, 295 going to the former and 126 to the latter institution.

OUTERS.

Nothing is more striking than the steady increase in the number of out-patients treated. The Out-Patient department, it is worth while to note, was the subject of a recommendation by the visitors from the King Edward's Hospital Fund in June last. The accommodation which is available is far from adequate to the needs of the hospital, especially in view of our growing number of out-patients. Equally interesting is it to note what we are doing towards the prevention of hospital abuse. This is what Mr. Bonsor says on the point :

"The Out-Patient Visitors' Report states, that of 41,118 new out-patients interviewed by her in 1906, and from whom particulars of their circumstances in life were obtained, only 124 persons were found ineligible to receive the benefits of the Charity."

SOME MORE STATISTICS.

Turning to the interesting series of statistical tables given on pp. 52–56 of the report, the abstracter finds much that is worthy of notice. There is a total increase in the attendances of patients in every department. Out-patients totalled 147,521 during the year; the number of in-patients has already been given. The mortality tables are worth close study. In 1897 the average medical mortality was 17·4 per cent.; in 1899 it was 17·6 per cent.; in 1902 it was 20·2 per cent.; and in 1906 it was 20·3 per cent. The surgical mortality average during the ten years has fluctuated between 4 and 6·1 per cent., reaching the latter figure in 1898. Last year it was 4·5 per cent. The percentage mortality of our accident cases has been steadily diminishing. In 1897 it was 10 per cent.; in 1898 13·6 per cent.; last year it was the lowest on record, being only 7·5 per cent. Yet in 1906 we had 1,148 accident cases, while in 1905 we had 1,270.

During 1906 the Assistant Physicians saw 1,631, the O.P.O.'s 13,326, the Assistant Surgeons 4,164, and the A.H.S.'s 2,941 out-patients.

(To be Continued.)

THE EDITOR will, at all times, be glad to consider articles or sketches, provided that they are accompanied by the writer's name and address, not necessarily for publication. Payment is a matter of arrangement, and the fees that the GAZETTE *can offer are merely nominal, but if the writer desires any remuneration that fact should be stated.*

A Record of Hospital Research Work.

HITHERTO there has been no publication of the list of works by Beaney Scholars, Gull Students and Gordon Lecturers. Dr. French, himself a distinguished holder of the Beaney Scholarship, has repaired the omission, and has collected all the published papers and articles of our research students. The work, by no means easy of accomplishment, considering the fact that many of the articles have been out of print for a long time, while of others copies were only to be obtained with great difficulty, has at last been completed, and the pamphlets, papers and reprints have been bound in book form, and are now deposited in the Wills Library. From a bibliographical point of view, the work has been excellently done. The pamphlets, for instance, are bound in their original paper covers, and in some cases along with autograph letters of the authors, explaining or amplifying some point. As a monument to the energies of the holders of our research scholarships, the three volumes are well worthy of examination and attention. Duplicate volumes, it may be mentioned, are available for reference in the Physiological Library.

THE GULL STUDENTSHIP.

This research studentship was founded by Sir William Cameron Gull, in 1891, in memory of his father, the late Sir William Gull, who was Physician to the hospital. It is of the value of £150, and is tenable for three years.

LIST OF GULL STUDENTS AND THEIR PUBLISHED WORKS.

FREDERICK GOWLAND HOPKINS, holder March 23rd, 1891, to June 23rd, 1894.

WORK :—

"On the Volumetric Determination of Uric Acid in Urine." Published in the Guy's Hospital Reports, vol. xlviii., 1891.

On the same subject. Published in the Journal of Physiology.

On the same subject. Published in the Proceedings and Transactions of the Royal Society.

"The Pigments of the Pieridae: a Contribution to the Study of Excretory Substances which Function in Ornament." Published in Phil. Transactions of the Royal Society, vol. clxxxvi., 1895.

"Five Cases of Pernicious Anæmia, with Determination of the Iron in the Viscera, and some Observations on the Urine." Published in Guy's Hospital Reports, vol. l., 1893.

HERBERT EDWARD DURHAM, holder June 24th, 1894, to June 23rd, 1897.

WORK:—

"On a Self-Acting Means for Cultivating Anœrobic Microbes." Journal of Pathology and Bacteriology, 1895.

"On a Special Action of the Serum of highly Immunised Animals, and its use for Diagnostic and other Purposes." Proceedings of Royal Society, January, 1896.

"Some Improvements in the Rocking Microtome." Proceedings of Physiological Society, 1896.

"Note on the Diagnostic Value of the Serum of Typhoid Fever Patients." Lancet, December, 1896.

"On a Special Action of the Serum of highly Immunised Animals." Journal of Pathology and Bacteriology, July, 1896.

"Immunitas gegen Cholera und Typhus," demonstration zu Gruber. Verhandl: d. vierzehnten Congresses f. innere Medicin xiv.

"Notes on the Examination of the Blood: (1) Serum Diagnosis; (2) a Form of Hœmocytometer." Published in the Edinburgh Medical Journal, October, 1897.

"On the Clinical Bearing of some Experiments on Peritoneal Infections." Published in the Royal Medical and Chirurgical Society of London's Transactions, vol. lxxx., 1897.

"The Mechanism of Reaction to Peritoneal Infection." Published in the Journal of Pathology and Bacteriology, March, 1897.

ALFRED SALTER, holder June 24th, 1897, to June 23rd, 1900.

WORK:—

"The Elimination of Bacterial Toxins by the Sweat." Lancet, 1898.

"The Ætiological Significance of the Diphtheria Bacillus and its Variants." Guy's Hospital Reports, vol. liii.

"The Action of Normal Serum on the Animal Economy, with especial Reference to its Employment Subcutaneously as a Foodstuff." Guy's Hospital Reports, vol. liii.

"The Pathogenicity of the Pseudo-Diphtheria Bacillus and its Relation to the Klebs-Loeffler Organism." Transactions of the British Institute of Preventive Medicine, 1899.

EDMUND IVENS SPRIGGS, holder June 24th, 1900, to December 31st, 1903.

WORK:—

"On Metabolism in Forced Feeding." Journal of Physiology, vol. xxvi., 1905.
With Dr. W. Hale White.

"Note on the Excretion of Urea and Uric Acid on an Excessive Diet." Guy's Hospital Reports, vol. lvii.

"On some Methods of Preparing Teeth for Histological Examination." Transactions of Odontological Society, vol. xxxv., 1902, p. 35.

"On a New Method of observing Peptic Activity." Proceedings of Physiological Society, February, 1902.

"On a New Method of observing Peptic Activity." Guy's Hospital Reports, vol. lvii.

"Eine neue Methode zur Bestimmung der Pepsinwirkung." Hoppe-seyler's Zeitschrift fur Physiologische Chemie, vol. xxxv., 1902.

"Some Observations on the Blood Gases in Diabetes." Lancet, May 16th, 1903.
With Dr. M. S. Pembrey & Dr. A. P. Beddard.

"The Influence of Fasting and Feeding upon the Respiratory and Nitrogenous Exchange." Journal of Physiology, August 22nd, 1904, vol. xxxi. With Dr. M. S. Pembrey.

RICHARD W. ALLEN, holder January 1st, 1904, to December 31st, 1906.

WORK:—

"Choline: a New Method of Testing for its Presence in the Blood and Cerebro-spinal Fluid." Proceedings of Physiological Society, July 29th, 1904.

"Some Observations on the Effects produced by Choline upon Animals." Review of Neurology and Psychiatry, July, 1905.
With Dr. E. Farquhar Buzzard.

"Observations upon Cheyne-Stokes' Respiration." Proceedings of Physiological Society, January, 1905. With Dr. M. S. Pembrey.

G. W. NICHOLSON, holder January 1st, 1907, to

THE BEANEY STUDENTSHIP.

The late Dr. Beaney bequeathed a sum of £1,000 to the Medical School to found a scholarship in Materia Medica. The scholarship is of the annual value of 30 guineas, and is tenable for three years.

LIST OF BEANEY SCHOLARS AND THEIR PUBLISHED WORKS.

JOHN FAWCETT, holder May 1st, 1893, to April 30th, 1897.

WORK:—

"On Piperazin." Published in the Guy's Hospital Reports, 1894.

"On the Urinary Excretion in Gout, and the effect of Treatment with Colchicum and Salicylate of Soda." Published in the Guy's Hospital Reports, 1895.

"On the Influence of Artificial Respiration and of β.-Tetrahydronaphthylanine on the Body Temperature." Journal of Physiology, vol. xxi.

JOHN BERESFORD LEATHES, holder May 1st, 1897, to July 31st, 1899.

WORK:—

"Beitrage zur Chemie der Ovarialmucoide." Published in the Archiv. fur Experiment: Pathologie und Pharmakologie, vol. xliii.

Arthur Philip Beddard, holder November, 1899, to June 24th, 1901.

Work:—

None completed; Scholarship resigned.

Herbert Stanley French, holder October 1st, 1901, to September 30th, 1904.

Work:—

"A Research upon the Metabolism of, and effects of pushing Carbohydrate Diet in, a Patient suffering from Diabetes Insipidus following upon Fracture of the Skull." Published in the Guy's Hospital Reports, vol. lvii.
With Dr. J. A. Butler.

"Some Experiments upon Drugs which are said to increase the number of Leucocytes in the Blood." Published in the Transactions of the Therapeutical Society, 1904.

Edmund Ivens Spriggs, holder October 1st, 1904, to September 30th, 1906.

THE GORDON LECTURESHIP.

Mr. Gordon, who is one of the Governors of the Hospital, and to whom we are indebted for so many favours, both for the Hospital and the Medical School, founded this lectureship, which is at present held by Dr. Bainbridge.

List of Gordon Lecturers and their Published Works.

Dr. E. W. Ainley Walker, holder January 1st, 1902, to October 1st, 1903.

Work:—

"An Explanation of the Cause of Inequality of the Pupils in Cases of Thoracic Aneurysm." The Lancet, July 12th, 1902.
With Dr. R. C. B. Wall.

"On Exaltation of Bacterial Virulence by Passage outside the Animal Body." The British Medical Journal, October 18th, 1902.

"The Etiology of Acute Rheumatism and Allied Conditions." British Medical Journal, January, 1903. With Dr. R. M. Beaton.

"The Pathology of Acute Rheumatism and Allied Conditions." British Medical Journal, September, 1903. With J. H. Ryffel, Esq.

"On the Micrococcus of Acute Rheumatism.' The Practitioner, February, 1903.

"Some Observations of the Protective Bodies, and on their Relation to Bacterial Virulence." Centralbe f. Bakt. Parasitenkunde und Infectionskrankheiten, vol. xxxiii., 1903. No. 4.

"On some Factors in Bacteriolytic Action." Journal of Hygiene, 1903.

"The Effect of certain Dyes upon the Cultural Characters of the Bacillus Typhosus, and some other Micro-organisms." British Medical Journal, 1904. With Dr. W. Murray.

"Lectures on Inflammation, Infection, and Fever." Published in book form by Messrs. Lewis, of Gower Street.

Dr. A. E. Boycott, holder October 1st, 1903, to October 1st, 1904.

Work:—

"Ankylostomiasis." No. II. Journal of Hygiene, January, 1904. With Dr. J. S. Haldane.

"Further Observations on the Diagnosis of Ankylostoma Infection, with Special Reference to the Examination of the Blood." Journal of Hygiene, October, 1904.

"Report to the Secretary of State for the Home Department on the Diagnosis of Ankylostoma Infection." Presented to both Houses of Parliament by Command of His Majesty, 1904.

"Ankylostomiasis." Transactions of Epidemiological Society of London, 1904–1905.

"Observations on the Gaseous Metabolism of the Small Intestine of the Rabbit." Journal of Physiology, July, 1905.

"The Prevalence of Trichocephalus Dispar." Journal of Hygiene, July, 1905.
With Dr. H. S. French.

"A Note on the Poisonousness of Worms." Journal of Pathology and Bacteriology August, 1905.

Dr. Francis Arthur Bainbridge, holder January 1st, 1905, to

Work:—

"The Pathology of Dropsy." The Practitioner, December, 1905.

"Secretion by the Renal Tubules of the Frog." Bio-Chemical Journal, April, 1906.
With Dr. A. P. Beddard.

Change of Address.

Mr. J. Bramley Ball, L.D.S., from Guy's Hospital to 17, Railway Approach, London Bridge, S.E.

Dr. H. M. Clarke, from Guy's Hospital to 160, Friar Road, Reading.

Dr. Wm. Lansdale, from 44, Trinity Square, S.E., to Sunnydene, Grove Park, Lee, S.E.

Dr. J. McF. W. Pollard, from Ravensbourne Gardens, Ealing, W., to Northern Nigeria, West Africa.

Dr. J. E. Prentis, from Guy's Hospital to Norman Villa, Southdown Road, Shoreham, Sussex.

Mr. Barnett Samuel, L.D.S., from Guy's Hospital to 127, Alexandra Road, St. John's Wood, N.W.

John Wade, Esq., D.Sc., from 7, Trinity Square, S.E., to Hunstanton Lodge, Downe, Kent.

Dr. P. H. Ward, from Kimberley, Cape Colony, to West Bank, East London, Cape Colony, South Africa.

Dr. H. M. M. Woodward, from Grantley House, Grand Parade, Eastbourne, to Inglenook, Coulsdon, Surrey.

The Editor will be very glad to receive a postcard with notes of any change of address.)

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

The Decline of the Birth Rate.

DEAR SIR, — Mr. Dyce Sharp appears to view this country through the eyes of the Sydney *Bulletin*. Surely his own powers of observation must have shown him that the "higher strata," including the bulk of the educated population, and not limited to the microcephalic offspring of an "effete aristocracy," are physically, as well as mentally, superior to the lower strata. Take a town such as Manchester, and it will be obvious to the most casual observer that it is the stunted half-starved millhand that has the 15 unit family. In London, again, compare the average physical development of the Artists or London Scottish with that of the Tower Hamlets Volunteers.

Mr. Stout's statement is based on the absolute truth, and one factor in its explanation is undoubtedly this. In the lowest classes the child brings no responsibility with it. The mother is attended by a charity, the child is starved more or less—the mothers have long since recognised the dietary value of ext. malti ferratum—it is "educated" free, and perhaps provided with a little food at the public expense, but on attaining the age of fourteen, or sometimes thirteen, it at once becomes an asset to its parents. A dozen children, should they survive the various poisoning processes included in the term "rearing," open up visions of beery laziness that are irresistible. The struggler in the upper stratum rightly looks upon each child as a very great responsibility. It claims at least as good an education as its parents. If possible, it must receive more of the world's benefits as a youth than the father, and, so far from becoming a source of income to its parents, becomes more and more a source of expense as the years go on. Mr. Sharp does not suggest that the farm labourer is a greater national asset than the professional man?

When the nation, or rather that curious selection of the nation that rules our destinies, consents to a just distribution of taxation, *e.g.*, by allowing, say, a rebate of £100 to the married man for his wife, and a further £50 for each child, then perhaps the birth rate of the higher strata will increase.

I know of a professional man who returned his income to the Commissioners as £1,200. It was substantially correct. But when the demand for income-tax, £60, was made, this man asked for a reduction on the following grounds, substantiated by documentary evidence. He had five children, of whom the three eldest were in training or professions. These three cost him £600 a year. He stated, with perfect truth, that he was unable to keep up a house in the style that was necessary for his professional status, to educate the two younger children, and provide sick and life premiums, to say nothing of the very necessary holiday, and yet have a balance of £60 for imperial taxation. The Commissioners, of course, could do nothing for him. They wanted his £60 for old age pensions for the improvident backbone of the State.—

Faithfully yours, STANLEY HODGSON.

Salford, Kay 4th, 1907.

DEAR SIR,—It has afforded me considerable entertainment to read the paper of Mr. Stout, and the letters of "Anti-Malthus," and Mr. N. A. Sharp, on "The Decline of the Birth Rate." I do not know (but it would certainly be of interest to be told) whether either or all these contributors are married men, but it is remarkable how often one hears the views of an "Anti-Malthusian" from bachelors, spinsters, and the celebate clergy.

The theory that the birth rate should *increase* by leaps and bounds is certainly excellent, but the truth is that the ordinary man, unless he has the assistance of considerable private means, is unable, at the present day, with the competition there is, and with the cost of living increasing in every direction, to support and provide for a large family in a way that would be in any way advantageous to those for whom he is responsible, unless he wishes for them and himself to become inmates of one of the palatial residences provided by the generosity of the guardians of the poor of his parish.

Blessed is the man that has his quiver full, provided that he can support and provide for them without appealing to others to assist him in doing so.—Yours truly,

MARRIED AND TWO CHILDREN.

A Suggestion.

DEAR SIR,—Do you not agree with me that it would be a pleasant thing, and popular with Guy's men, past and present, at suitable intervals, to invite a member of the Consulting Staff to the Hospital to give a clinical lecture?—Yours very truly,

The White House, J. H. GIBSON.
Lansdowne Road, Aldershot.
May 5th, 1907.

Appointments.

Civil.

CONSTABLE, J. CECIL, M.R.C.S., L.R.C.P. Lond., has been appointed District Medical Officer of the Southwark Union.

FRITH, WALTER S., M.B., B.C. Camb., has been appointed Anæsthetist to the London Throat Hospital, Great Portland Street.

HOLMAN, T. E., L.S.A., has been appointed District Medical Officer of the Hailsham Union.

POLLARD, J. M. W., M.B., B.S. Lond., M.R.C.S., L.R.C.P. Lond., has been appointed to the West African Medical Staff and posted to Northern Nigeria.

Papers for the Newly Qualified.

III.—Hints on General Practice.

Note on Fellow Practitioners.

If called to see the regular patient of another practitioner through absence of that medical attendant, I acquaint the doctor, who books the work done by me in his books against the client. If I get paid cash by the patient I send the money to the doctor, which, if he chooses to return to me, I accept. If called to an accident needing surgery, and the patient tells me he has a regular doctor of his own, but that he wishes me to finish the treatment (I am referring to a short case), I write to the doctor, explaining to same the patient's wish, to which the doctor always courteously assents in reply to my courteous letter. It is very important that the letters between doctors should be kindly written. I find I get charming replies from my unknown doctor friends, so that the correspondence becomes quite a pleasing incident.

On Payments.

Do nothing for nothing. What you do privately, in individual cases, with your own means, time or talents, is on different ground. I was once asked to be honorary physician to a cathedral choir, where members, of course, followed some line of business in one way or another. I said, "Yes, provided you will each be honorary baker, honorary hatter, &c., to me."

Always refuse to give a prescription unless you are paid gold, and that a guinea, unless there is some good reason to do it for half a guinea.

Strangers should pay more than your neighbours, who may want your services often—that is, those who make a convenience of you once in a way should be expected to pay full fees.

Avoid payment through a third party, such as the National Deposits Friendly Society, but deal directly with your patients yourself, with whom, through mutual honesty, terms can always be arranged.

Practitioners should be careful to seize the flood-tide of opportunity for work, because seasons are so varied, some producing but little sickness, while neighbourhoods are apt to decline in importance, well-to-do folk being replaced by poorer classes. In London especially it seems to me that undulations in the value of neighbourhoods are always going on, as owners of house property often find out to their loss. Let epidemics be grasped to the full, and holidays be postponed, for Father

> "Time always wears his locks before him;
> Seize him boldly by the forehead.
> When he goes he comes no more,
> And behind his scalp is naked."

Do not invest your hard-earned savings in any new and bubbling concern, even though backed up by medical men. The only £50 I lost as an investment was over some new mineral water cracked by a few medicos, while I happened at the same time to make £50 over Consols which I had bought when they were low. It is worth while to get advice authoritative in matters financial, just as it is most advantageous for others to get advice medical when in any health quest or difficulty.

Let your line of action follow the recommendations given by the British Medical Association, because its decisions are not settled without thorough investigation and advice of its different divisions.

The commonest fee (clerks and junior business men) for advice and medicine is 2s. 6d. Those older pay 3s. 6d. or 5s. A few housekeepers and young women pay 2s.

For visits the commonest fee is 3s. 6d. Those better off pay 5s. or 7s. 6d., or 10s. 6d. A few housekeepers pay 3s. cash.

For confinements half as much again is to be paid for a primipara, because as a rule so much more time is involved. These fees vary from 1 to 5 guineas.

If called to an accident where you do not see the patient any more, fees are larger—from 5s., if a factory girl, to 7s. 6d., and from 10s. 6d., if in a respectable office, to 21s. if it is the governor.

"AFTER THIRTY YEARS."

Appointments.

Naval and Military.

Staff Surgeon A. R. Bankart, M.V.O., R.N., is promoted to the rank of Fleet Surgeon in His Majesty's Fleet.

Fleet Surgeon E. R. D. Fasken, R.N., has been appointed to the *Cressy*, and Staff Surgeon A. E. Kelsey, R.N., to the *Diadem*.

1st Volunteer Battalion the Hampshire Regiment.—Supernumerary Surgeon-Captain H. M. Brownfield is granted the honorary rank of Surgeon-Major.

Queen Alexandra's Imperial Military Nursing Service.

Miss L. M. Dann, Sister, resigns her appointment.

Pass List.

Royal College of Surgeons of England.

Licence in Dental Surgery.

Final Examination, May, 1907.—Parts I. and II.: E. L. Brown, H. J. Dear, A. H. Gabell, R. Hope, L. B. Moore, R. Redpath, H. C. Visick. Part I. only: R. J. Gibbings, A. F. Hochapfel, V. Masters, P. J. Proud, E. G. Robertson, H. V. Sharp, I. S. Spain, H. Walker. Part II. only: *E. Barnett, *R. A. Glindon, *H. T. Reeve, *B. B. Samuel, *T. L. Smith.

First Professional Examination, May, 1907.—Mechanical Dentistry and Dental Metallurgy: F. B. Bull, S. W. Charles, A. Cohen, H. Daw, W. H. Edmonds, J. D. George, H. V. Gibbons, L. B. Griffin, P. S. Harrison, W. A. Hodgson, P. S. Humm, W. A. James, W. J. Kennealy, W. S. Lacey, F. A. Lowe, A. P. Marsh, R. C. Morgan, R. W. Morrell, A. J. Reynolds, J. Roberts, Edgar Smith, E. E. Solomon, H. G. Spain, D. B. Tasker, W. E. A. Tibbalds, E. A. Tomes, A. MacD. Watson, W. E. Watson. Mechanical Dentistry only: *R. Hope, *D. Y. Hylton, *A. Samuel, A. J. Schaefer. Dental Metallurgy only: N. D. Clarke, F. H. Edey, J. W. Hall, H. S. Pugh.

*Denotes completion of Examination.

Novelties.

Dr. Jaeger's Sanitary Underwear.

The Jaeger system of sanitary woollen underwear is too well known to need much in the way of introduction. For many years it has maintained its established reputation, notwithstanding the keen competition of other "systems," either "natural" or artificial. The majority of people, however, look upon Jaeger's as essentially winter wear, scarcely adaptable for the exigencies of an active summer life. How fallacious that notion is anyone taking the trouble to inspect the extensive range of novelties "for the summer and spring trade" now exhibited at the various Jaeger depots in the City—in Cheapside, at 126, Regent Street, in Sloane Square, and in the Strand—will easily see for himself. Jaeger clothing is now made so light, and is moreover so well ventilated, that its hygienic advantages are as much to be appreciated during the dog-days as they are welcome during the most inclement winter.

The Company exhibits many special lines, some of which are of special interest to athletes. Many attractive new designs are stocked, and the old favourites—among which we may mention that almost imperishable article, the Jaeger sleeping bag, which comes as a boon and a blessing to everyone who has experienced the delights of camping out—are well represented. A detailed price list and catalogue is sent, post free, on application to the main depot, 126, Regent Street, W.

Vervo Tea.

This is a new "Malted Tea," manufactured by the Vervo Company, Ltd., of 9, Mincing Lane, E.C. We have made it according to the directions enclosed with the sample packet, and found that the statement that it is in every way a wholesome and palatable drink is not exaggerated. An infusion made with water is far less astringent than the ordinary variety of tea, and contains a far smaller percentage of tannin. On the other hand, it is less strong, and the full flavour is largely obscured by the taste of the malt. Made with milk, and allowed to draw for a longer time, it forms a pleasant and nourishing drink, but the well-pronounced malt taste may, very likely, prove too strong for many palates. For those who cannot tolerate ordinary China or Indian tea, this combination should prove useful.

From the Gazette's Special Pathologist.

NOTICES.

G.E.H., Ramsgate.—This tumour is a cystic adeno-fibroma of the breast. It is well encapsuled, and the cystic condition is due to distortion and distension of the glandular spaces in it. It is not malignant.

M.P.J., Sheerness.—This discharge contains pus, and within the pus corpuscles there are a very few micrococci having all the characters of the Gonococcus of Neisser.

A., Chadwell Heath.—This specimen was non-purulent in character, and no tubercle bacilli were found in it.

S.W., Middlesbrough.—This blood-stained sputum was non-purulent in character, and no tubercle bacilli were found in it. It would be advisable to have the sputum re-examined after the hæmoptysis ceases.

PATHOLOGIST.

Marriage.

MORTON PALMER—RUSSELL.—On the 30th April, at Streatham Parish Church, S.W., by the Rev. Canon Bromfield, M.A., Vicar of S. Mary-the-Less, Lambeth, assisted by the Rev. Heneage Jebb, M.A., Rector of Streatham, F. W. Morton Palmer, M.A., M.B., B.C. (Cantab.), of Teignmouth, Devon, elder son of F. J. Morton Palmer, M.B., of Streatham, to Gertrude Eleanor, daughter of Alfred Russell, of Walsall.

Eds.—C. L. L. & M. E. B.

GUY'S HOSPITAL GAZETTE.

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Death of a Governor.

BY the death, in his 84th year, on the 21st May, of Sir Joseph Fayrer, Bart., M.D., K.C.S.I., the Governors lose one of their most distinguished colleagues, and medical science one whose services placed him in the front rank of the profession. He had been a member of the Governing Body since 1882, and, until recent years, when overtaken by somewhat frail health, had always shown great interest in the welfare of the Hospital and its Medical School.

He entered as a student at Charing Cross Hospital in 1844, making there the acquaintance of Thomas Huxley. Passing his "college" in 1847, he shortly afterwards became medical officer of H.M.S. Victory, for service at Haslar Later on he was found travelling on the Continent with the Earl of Mount Edgcumbe, and rendering assistance to the wounded in the political squalls between the Neapolitans and Sicilians.

About 1850 he took up new duties as Assistant Surgeon in the Ordnance Medical Department in Bengal, and at the age of 28 received from Lord Dalhousie the best medical appointment in his gift, viz., the office of Resident Surgeon to the Garrison at Lucknow. Here, he went through, with his wife whom he had lately married, the horrors of the famous siege, a graphic account of which he has left on record. His share of the prize money for his part in the famous "defence" he handed over to Epsom Medical Benevolent College. After taking his M.D. in Edinburgh on his return from India, he was appointed Professor of Surgery in the Medical College at Calcutta, and in 1870 accompanied the late Duke of Edinburgh in his Indian travels. His health giving way, he settled in London as a consulting physician, only shortly afterwards to be called upon to go on the famous Indian tour with the Prince of Wales. On his retirement from the Presidency of the Medical Board of the India Office after many years service, he was made a Baronet.

Besides his appointment at Guy's, he was a Governor of Charing Cross Hospital, and a member of many of the Societies, and had made, in his day, considerable contributions to medical literature.

The loss of such a man to any Institution must necessarily be great. The lessons of his useful and honoured life remain for all time.

Passim.

GUY'S men of the early seventies will be sorry to hear of the death of Dr. Collison-Morley, which took place on April 10th last, after a very brief illness, at the age of 65 years. He did his work up till the day he was taken ill, though he must have known that he had a fatal malady, for ascites as well as œdema of the legs then existed. He preserved his military appearance up to the last, for it will be remembered that he served in the Army before entering the profession. In his time he was house-surgeon and took the First Fellowship.

THE announcement that Dr. Shaw will conduct a six weeks' course of Ward Discussions upon selected medical cases in Addison and Mary will be welcomed by students. Hitherto there has been nothing of the kind available for senior men, who when going round with a physician in his wards, feel outside the domestic ring of his clerks—interlopers, as it were, who have no business to intrude themselves on the firm. To a great extent such an attitude was justifiable under the circumstances, for, after all, the firm was the physician's primary consideration, and the outsider was left to pick up what crumbs he could obtain by discreet and judicious questioning in the intervals left him by the clerks. The new venture will, we understand, be more or less for the benefit of senior men, and will therefore meet the wants of those who are preparing for their final. A notice has been posted in the colonnade giving full particulars of the course, and a similar notice appears in this number. Dr. Shaw has selected Tuesday afternoon, but it appears that that day is already booked, to many men at least, for other things. Thus, Mr. Golding-Bird goes round, most senior men attend "fevers" on that afternoon, and in addition there is the class in operative surgery, and many men who would otherwise be glad to attend find it impossible to do so.

ONCE more we wish to draw attention to the Miller Fund, organised on behalf of the old smoke-room attendant, Miller, by Messrs. Williams and Croucher. It will be remembered that some time ago, when the change in the catering department took place, old Miller's services were no longer required, and he was thrown on his own resources. An old man, not in the best of bodily health, and with several people dependent on him, these resources could hardly have been expected to prove equal to his needs. During the last few months—that is to say, since his dismissal—Miller has been trying to find work, but so far, we regret to say, without success. His age is very much against him, particularly in view of the Employers' Liability Act, which is not exactly framed to encourage employers to engage old and infirm servants.

ON previous occasions we have drawn attention, in "Passim," to Miller's case, and we need make no apology once more to urge on present and past members of the Students' Club the desirability of helping him. His is a case that is particularly suitable for relief, and as an old and faithful servant of the club, whose character, while employed here, was excellent, he has indeed some claims upon our sympathy. We are confident that once our readers understand fully the necessity for help, their sympathy will resolve itself into an attempt to help him in a practical fashion by contributing something towards his fund. Mr. Croucher, who has interested himself in the matter, desires us to state that at present only £20 has been received. That sum is obviously inadequate to help the old man effectually. To use an old proverb, "It is too much to die upon and too little to live upon."

THAT the response to the appeal on Miller's behalf has been so lukewarm is, we feel sure, due, not to the fact that old club members are not sympathetically interested in his case, but solely to the fact that they thought that enough had already been subscribed. Let us hasten to assure them that that is far from being the case. It was originally intended to purchase a small annuity for him, if the funds in hand permitted, but with the present contributions that step is obviously out of the question, and all that can be done is to pay him a small weekly sum, just,

in fact, sufficient to pay his rent. His need is urgent, and last week he was driven to apply to the Guardians for relief. This, we understand, was refused. We commend his case heartily to the generosity of all Guy's men. Mr. Croucher will be glad to receive contributions towards the fund, and these will be gratefully acknowledged.

As will be seen from Dr. Mann's letter, which appears in this issue, a new hot-water installation has been fitted up at the Club House at Honor Oak Park. The new installation will be cordially welcomed by members of the club who have occasion to use the Club House, and its usefulness will be particularly appreciated by those who have had occasion to vituperate against the somewhat antiquated arrangements which existed before its completion. It is sincerely to be hoped that members will pay attention to the new rules, and help the Council to prevent waste of water. Such waste, as Dr. Mann points out, would entail additional expense and trouble, both of which can easily be prevented.

A WORD of special thanks is due to Mr. Kirkland, consulting engineer to the hospital, under whose supervision the installation was fitted up. Mr. Kirkland went down to the ground and personally superintended the work, going fully into the specifications and plans. His help and advice, both given gratuitously and generously, have been of the greatest assistance to the Council, and members owe him a debt of gratitude for his services on their behalf.

COMMEMORATION DAY of Livingstone College, Leyton, N., will be on June 5th. Livingstone College exists for the purpose of solving one of the greatest problems connected with missionary effort, viz., the preservation of the health of missionaries and others in tropical climates. The Principal will be pleased to send cards of invitation to the Commemoration Day proceedings to any friends of Missions who care to apply to him for them, as Commemoration Day affords the best opportunity for gaining an insight into the work of the College.

A LONG-FELT need has been satisfied on the Surgical side of the Hospital by the opening, last month, of an operating theatre for Patience and Samaritan. The theatre is just inside Samaritan, on the left when passing through from Patience. It must be admitted that this theatre cannot compare with those downstairs, either in point of size, convenience, or lighting; but the advantage of having an operating theatre specially kept for the Pat. and Sam. cases, and right in their midst, is obvious to all those who have worked up there.

THE Swimming Club are announcing their second annual entertainment for June 14th, at the Southwark Baths. Last year, although held late in July, the entertainment was voted a great success by everyone present: and, indeed, it should be so, for swimming of a good class is as pretty a sport, from the spectator's point of view, as any we know. Besides the usual distance races, this year has been added a race for competitors dressed in full clothes; for it has been long realised by everyone that the truest test of swimming as an asset which we should all possess is, not to be able to cover a hundred yards or thereabouts in a minimum of seconds, but to be able to move at a moderate pace over a long distance, clothed and booted. Besides this, it is hoped that a first-class water polo match may be arranged, to take place during the evening. We commend this entertainment to our readers as a great attraction both for competitors and spectators, and wish the Swimming Club as successful a gala as that of last July.

PRIZE-DAY has been arranged this summer for Thursday, 4th July, and Sir Arthur W. Rücker, Principal of the University of London, has kindly consented to give away the prizes. The success of the "garden-party" depends a great deal on the weather, in which we are generally very lucky. Unfortunately, at a rough guess, only about one-sixth of our guests are able to find room at the prize-giving itself, which makes it doubly important to us that the band should be good and the Park dry.

PROBABLY no other function brings so many Guy's men, past and present, together at once;

the day, then, is the greatest of the year for this Hospital, a fact which, perhaps, is not always borne in mind by the more junior men. Everyone who is able should make a point of being present on Prize-day; and it should be remembered that the meeting is not arranged for the benefit of the few takers of prizes, but for our visitors, and all of us, post-graduate, senior and junior.

We are asked to remind Colonial Guy's men, both past and present, of the Colonial dinner, arranged for the 11th June. The dinner, which is quite a feature of the summer session, is always well attended and highly popular, and the hon. secretaries, to whom application should be made for tickets, expect the dinner to be as great a success this year as ever, both in point of numbers and the enjoyment of a pleasant evening. The number of Colonists in Guy's increases every year, and it is in no small measure due to their presence here that the social side of our Hospital compares so favourably with that of other institutions. Mr. Charters Symonds has again promised to take the chair, and a good musical programme is being arranged.

The letter of the Presidents of the Pupils' Physical Society, which appears in this issue, is one to which we should like to call the attention of all readers. The society will be pleased to welcome at its meetings all Guy's men, past or present, and the cordial invitation which the secretaries give to old Guy's men living near London is one which will be endorsed by all members of the society. Arrangements are being made for the opening meeting and dinner, early in October, and definite announcement of the date and all further particulars will be given in a later issue.

Elsewhere in this issue appear full particulars of the examinations for the Indian Medical Service, which fall on July 23rd next.

A limited number of copies of the photograph of Dr. Taylor's last round, which appeared in our last issue, are for sale at one shilling each, unmounted. Will any intending buyers leave their names either with Sister Addison or with the porter in the College? All profits made by the sale of these photos will be given to the Million Shilling Fund.

THE YEAR'S WORK.

The Annual Report and What it Tells.

The Annual Report of the Treasurer was published by order of the Governors last month.

It appeals for—

NEW ANNUAL SUBSCRIPTIONS.

THE BALANCE REQUIRED TO COMPLETE THE RENOVATION AND BUILDING FUND.

FUNDS TO PROVIDE FOR AN ENLARGED OUT-PATIENT DEPARTMENT.

SEPARATE CHILDREN'S WARDS.

THE REBUILDING OF CLINICAL.

II.

FINANCE AND SOME FIGURES.

"Financial responsibility? My dear, I have no financial responsibility," said Mr. Skimpole.
Bleak House.

Few of us are the happy possessors of that charmingly irresponsible feeling which was a characteristic of Dickens' only inartistic character, and if there is anyone who, more than all others, envies Mr. Skimpole's ability "always to dwell on the solar side of things," surely it must be the Treasurer of a great hospital like ours. From the financial point of view, Guy's is the second most important institution of its kind in London, ranking close after the London Hospital. Its financial sheet, therefore, is one to which friends of hospitals naturally turn with some interest. And the closely-printed sheets, ranging from pages 42 to 52 of the report, are wholly satisfactory reading to the subscriber who has become a shareholder in our giant concern.

It is worth while to go into the figures given on these pages in some detail, but, before doing so, some extracts from Mr. Bonsor's report itself may fitly be cited as introduction. Take, for example:—

THE RENOVATION AND BUILDING FUND.

"The Renovation and Building Fund," remarks Mr. Bonsor, in his report, "in respect of which an Appeal for £100,000 was issued in 1905, and towards which a sum of £57,152 3s. 6d. had been received or promised at the close of that year, was augmented during 1906 by the

sum of £3,139 16s. . . . The provision of a sum approximate to the balance of this Fund remains a vital need, in order to discharge the outstanding debt of £27,500 to the Re-endowment Fund, and to complete the works included in the objects of the Appeal."

The Income and Expenditure Account, which includes donations to the Appeal as well as Legacies, shows a total Income, ordinary and extraordinary, of £75,670 17s. 10d., which provided for Ordinary Expenditure, £57,375 14s. 6d.; Building Improvements, £7,304 5s. 4d., and enabled the Governors to reduce their indebtedness from £36,000 to the £27,500 above referred to, leaving a balance of £2,490 18s. carried to Capital Account.

Income was derived from the following sources:—From property under the Founder's Will, £29,005 13s. 1d.; Dividends from Re-endowment Fund, £7,273 5s. 5d.; King Edward's Hospital Fund for London, £8,000; Annual Subscriptions, £3,841 3s. 6d.; Ordinary Donations, £3,229 14s.; Hospital Sunday Fund, £1,687 10s.; Hospital Saturday Fund, £322 10s.; Legacies for General Purposes, £10,250 2s. 8d.; Patients' Payments, £4,662 10s.; Nursing Probationers' Fees, £1,116 15s. 2d.; Donations to the Renovation and Building Fund, including the Million Shilling Fund, £6,131 14s.

The Income from Thomas Guy's Endowment, Annual Subscriptions, Ordinary Donations, and Patients' Payments varied but slightly in amount; Dividends from the Re-endowment Fund, owing to the repayment of a portion of indebtedness, were larger; the grant from the Hospital Sunday Fund was reduced by £700, but King Edward's Hospital Fund for London made a generous grant of £8,000, being the equivalent of their ordinary and special donations in 1905, while Legacies exceeded those of 1905 by some £3,000.

SOME MUNIFICENT DONATIONS.

During the financial year the hospital has had many good friends, and the report makes special mention of the generosity of Miss Louisa Ann Williams.

In addition to receipts included in the Income and Expenditure Account, the Re-endowment Fund received from I.M.E., £50; from Henry Lafone, Esq., £100; from E. H. Courage, Esq. (first moiety of £1,000 to endow a Bed in memory of Edward Courage), £500; from Robert Lodge, Esq. (to endow a Bed in memory of Robert John Lodge), £1,000; and from Miss Louisa Ann Williams, property and investments to the value of £16,682. Former Reports of this Hospital contain the record of many generous gifts to the Re-endowment Fund from Miss Williams, and the Governors feel that they cannot more truly express their gratitude for her latest munificence than by recording that it represented the whole of her Estate, beyond a sum sufficient for her remaining simple needs. The action of Miss Williams bears touching resemblance to that of Thomas Guy, who founded and endowed the Hospital "in his lifetime," and the Governors venture to hope that so notable an example may encourage others to complete the Re-endowment Fund, which now amounts to £266,372 18s. 10d., leaving a balance of £233,627 1s. 2d. remaining to be subscribed.

EXPENDITURE AND A FEW POINTS.

Ordinary expenditure amounted to £57,375 14s. 6d., showing a decrease of £3,964 1s. 2d. as compared with 1905. This reduction is due to decrease of interest on loans, absence of appeal expenses, and a small saving on almost every item in the Maintenance and Administration Account. The £8,000 that came to us from the King's Fund was accompanied with the comment that, "The Fund views with satisfaction the continued economical management of the hospital." Yet during the year several urgent improvements were effected. Esther and Stephen wards were renovated, Naaman was completely restored (thanks largely to a sum of £1,000 collected by Lady Fripp), the nurses' terrace was erected in the park, and the dispensary was fitted with new manufacturing plant.

Now let us turn to the financial statement, of which, naturally, the Maintenance Account calls for more attention than any other. There is, indeed, nothing solar (again to quote Mr. Skimpole) about legs of beef or mutton, but it may interest some to know that we spent £1,650 12s. 7d. on meat, and £859 7s. 2d. on fish and poultry during the year. Milk cost us £1,557 17s. 5d.; butter, cheese, and eggs nearly £750: while for malt liquors we paid only £12 17s. 5d. The board of the residential staff cost £1,384, while that of the nursing staff amounted to £4,789 13s. 8d. The surgery and dispensary we have already dealt with in a former article, and there is no necessity to refer to them again. The Domestic Account differs little from that of 1905, except that here, too, small reductions are to be found in almost every item. The total washing bill came to nearly £3,000; fuel and lighting cost us £3,287 odd, and the expense of providing uniforms was £462 19s. 6d. Pensions, salaries, and wages totalled £14,238 12s. 1d. The garden cost £61 15s. 4d., and ordinary repairs, rates and taxes, and insurance totalled £1,000 odd. It is interesting to note that we pay £260 10s. in rent yearly, and that last year our "burial bill" came to £12 10s.

The Administration Account shows a total expenditure of £2,962 1s. 5d. The Extraordinary Expenditure Account amounts to £8,500, bringing the total expenditure, ordinary and extraordinary, to a total of £73,179 19s. 10d.

Coming to the tables, given at the end of the report, some interesting facts may be gleaned from them. Thus it is satisfactory to find that last year our "average cost of each in-patient" stood lower than it has done since 1897. Then the figure was £5 10s. 6d.; in 1899 it was £5 12s. 10d., while last year it was £5 12s. 7d. Our average cost per bed occupied has also been lowered. In 1901 it reached £106 5s. 8d., while last year it came to £91 8s. 5d. Since 1899, when the practice of receiving paying patients into the general wards was stopped,

nothing has been received from in-patients in the general wards. Out-patients last year contributed £1,693 12s. 10d.

THE SAMARITAN FUND.

This Fund was established in the year 1849 for the purpose of affording temporary relief and assistance to necessitous patients on their discharge from the wards, and has been supported outside the ordinary funds of the Hospital by some of the Governors and their personal friends. In the year 1893 the Fund received a munificent bequest under the will of Mr. Henry Spicer, who left three-twelfths of his estate to the Samaritan Society of Guy's Hospital, "for the relief and comfort of poor and needy Convalescents, but not for the general purposes of the Hospital."

The income of the Fund is principally devoted to providing surgical appliances for patients on their discharge, and to procuring admission to various Convalescent Institutions of poor patients of the Hospital, who, when no longer in need of active medical or surgical treatment, and not in a condition, consequently, to be retained as inmates of the wards, require still the aid of rest and fresh air to regain their strength, and to be brought into a condition to pursue their ordinary avocations.

The accounts of the fund are interesting. Donations, offertories, and patients' payments totalled £135 17s. 1d. The total income of the fund reached £3,755 17s. 5d., while the expenditure amounted to £1,364 18s. Our patients sent to convalescent homes cost us nearly £480 for board, while their travelling expenses came to a further £200 (almost). Surgical appliances provided for patients cost £582, and a small sum (£4 6s.) was expended in "relief in small sums."

A WORD IN CONCLUSION.

The financial part of the report ends as follows:—

The warm and grateful thanks of the Governors are tendered to everyone, from the smallest to the greatest contributor, who helped to bring about so favourable a financial year; and these thanks are not the less sincere because accompanied by the hope that the good fortune of 1906 will not be taken to indicate the satisfaction of the Institution's needs. Certainly the Governors trust that they may be enabled to apply the legacies payable under the wills of the late Mr. Alfred Beit and Mr. Samuel Lewis, announced last year, to the discharge of existing debt; but even this being granted, the considerations remain that expenditure in 1906 was probably below the normal, that legacies, which figured so largely in last year's income, are a most variable quantity, and that other sources of income are subject to diminution and even complete cessation. It remains the fact, regarding the matter with all reasonable optimism, that the regular income of the Hospital demands substantial increase, an increase which it will be the object of the Governors to secure through the medium of additional annual subscriptions and augmentation of the Re-endowment Fund.

Moreover, those three important works mentioned in the previous Report provide ample scope for future efforts. At the Annual General Court of Governors held November 6th, 1906, the Treasurer reported that an enlarged Out-patient Department, a Children's Ward, and the rebuilding of Clinical House (erected in 1744), were improvements which it was highly desirable to carry out with the least possible delay, and that the first of these was a pressing need. After hearing a statement from the Medical Staff, *it was resolved that, as an enlarged Out-patient Department was very necessary for the proper treatment and comfort of Patients attending the Hospital, the work should be put in hand at as early a date as the funds of the Hospital would permit.* The Governors venture to express the trust that the date will not be long deferred.

A Contrast.

The country's green and the country's fair,
For the breath of the spring is in the air,
And the breath of the spring makes the blood run riot
With a wild desire, which can't keep quiet.

For the time of the singing of birds has come,
And the great god Pan is no longer dumb,
And all who love him must needs obey,
And put sorrow, and fear, and hate away.

But evil our fate when we made the town—
Where the pavements glare, and the houses frown,
And the dust swirls up and down the street,
And you know it is spring by the pain in your feet.

Oh! pity the poor, and pity the blind,
And pity all those who have lost their mind,
But pity the most let the kind heart bring
To those who live in a town in the spring!

Change of Address.

Dr. M. Anslow Alabone, from 3, Biddulph Mansions, Elgin Avenue, to 10, Lanark Mansions, Maida Vale, W.

Dr. Richard J. Bentley, from Sandford Dene, Cheltenham, to the General Hospital, Cheltenham.

Dr. Arthur W. Clark, from 6, St. Margaret's Villas, Benhill Road, Sutton, to "Bellevue," Carshalton Road, Sutton, Surrey.

BOOKS RECEIVED. — Cassell's French Dictionary; Howell's Physiology; Allbutt & Rolleston's Medicine, parts i. and ii., vol. II. (new edition); Mellor's Chemical Statics and Dynamics; Clowes & Coleman's Quantitative Analysis.

Acute and Chronic Scarlatinal Nephritis.

CLINICAL LECTURE BY DR. HERBERT FRENCH.

May 8th, 1907.

GENTLEMEN,—In introducing to you to-day the question of the relation of Bright's disease to scarlet fever, I will first read to you some notes about a patient whom we think *may* have been suffering from scarlatinal nephritis. The patient is here: you see she is a small child, who now looks quite well. She has, however, recently been suffering from some form of general œdema. She is eight months old, and was admitted into Miriam ward on April 9th; Mr. Smalley is her "clinical," and has written the report of her condition. She had been quite well until April 9th; the mother then suddenly noticed that the left leg was greatly swollen, and it was for this that she brought her child to the hospital. She seemed quite strong and well in all other respects.

You all know that by far the commonest cause for extensive œdema of one leg only is septic inflammation, with thrombosis of the veins, and this was the first diagnosis to suggest itself in this case. We therefore looked carefully to see whether there was any sore place on the toes, leg, thigh or buttocks, and we were surprised to find none at all. You know that even a very small septic focus, such as a neglected pimple, may sometimes be enough to cause venous thrombosis in the leg, and it seemed just possible that there had been such a focus which had been overlooked by the mother and which had now healed over; but the mother was quite clear that there had been no sore on the foot or leg, and the subsequent course of the trouble showed clearly that the diagnosis was not thrombosis.

Two days after admission there was œdema of the left arm, and almost immediately after that œdema of the right leg, and, at one time, œdema of both legs and both arms, though not equally distributed. The whole face looked puffy. It was obvious that we had to deal with some cause for general œdema of the subcutaneous tissues.

You will all of you come across cases of general œdema in infants and children, and in many of the patients you will not be able to detect any cause for the mischief. Whenever a prominent symptom arises without any discoverable cause there is a tendency to dub it "simple" or "idiopathic," but you must bear clearly in mind that the words "simple" and "idiopathic," used in this way, are nothing less than a confession that there is a cause, but we cannot find it. It should be our aim never to diagnose symptoms as "simple" or "idiopathic" except when every effort to discover a cause for them has failed. "Idiopathic" anæmia, "idiopathic" pleurisy, "simple" œdema, "simple" continued fever, are examples of symptoms which have a cause, but a cause which we are unable to discover. I am afraid that I must confess that I do not really know the cause of the œdema in this child, so that I ought to acknowledge this and call her condition "idiopathic;" but I wish to make use of her case as a peg upon which to hang my remarks to-day.

You will at once suggest two well-known causes for general œdema, either of which might fit our case so far as I have told it you, and these are (1) angeioneurotic œdema, and (2) acute Bright's disease.

Angeioneurotic œdema is a condition, not very uncommon, which runs in families. It is a condition related to things which are placed in that broad border-land which lies between sanity and insanity. It is a "functional" disease of the vasomotor nerves, allied to Raynaud's disease, and nearly always associated with a strong family history of "nerves;" and in almost every case there is a history that a similar angeioneurotic œdema has occurred in many of the patient's near relatives. We therefore inquired carefully of the mother whether there had been anything of the same kind in either her family or her husband's, and she was quite clear that there had been nothing either of this kind or of any other form of neurosis on either side. You will say that the trouble must have a first case in the family, and that possibly this child is the first case in hers. It would be very interesting to watch her grow up and have children, to see whether this is to be so or not; but, meanwhile, you will all agree with me that we have no ground at all for diagnosing her condition as angeioneurotic.

The question of acute Bright's disease remains. I need hardly tell you that the clinching point in making the diagnosis of acute nephritis is the discovery of albumen and of renal tube casts in the urine. We obtained a catheter specimen of this little girl's urine, and to our surprise we found that neither albumen nor renal tube casts were present. You will at once say, "Very well, you are reduced to diagnosing this girl's œdema as 'idiopathic,' for in the absence of

albumen from the urine it cannot be due to acute nephritis." This argument is a strong one, and, as I have told you, I am afraid I must resort to the term "idiopathic" in her case; but at the same time it brings us to the first point that I want you to make a mental note of to-day, namely, that the absence of albuminuria does not exclude the possibility of acute inflammation of the kidneys. This little girl's œdema may be renal in origin after all. I do not want you to think that it is common for acute nephritis to occur without albuminuria; far from it. But I want you to realise that it can so occur. I first learned this fact by reading a paper by Dr. Goodhart in the Guy's Hospital Reports for 1883. This paper is entitled, "A Note of Two Cases of General Anasarca in Children without Albuminuria," and I will read you a few abstracts from it. [The notes of the cases were read; the cases were all post-scarlatinal, and analogous to those described by Sir Dyce Duckworth in a paper entitled, "Scarlatinal Dropsy with little or no Albuminuria."]

You may say that Dr. Goodhart's cases were not proved to have nephritis because there was no autopsy, and that is a very good argument. But I have here the report of one of last year's post-mortem examinations, made by Dr. Mann, upon a male adult who had no œdema and no albumen in his urine, but who died of uræmia, and whose kidneys were shown by microscopical examination to be affected by severe and acute nephritis. Dr. Mann's notes are: "A patient, 28 years of age, was admitted for coma on 5th October. Had served in the Army from the end of July, and had been attending Out-patients for 'dyspepsia'; fourteen days ago he took to his bed, with much sickness, which had no relation to food. At midday on the 3rd instant he had a bright-red hæmoptysis, became unconscious and had remained so since. On the 5th instant he was admitted. On the 4th he had had twitching of the left arm. No albuminuria. Rectal temperature 101°. Pin-point pupils. Right arm paralysed. Lumbar puncture was done, as it was thought to be a cerebral or meningeal condition. There was no increased pressure of cerebro-spinal fluid, nothing abnormal in the eyes; heart feeble and not enlarged. He slowly sank. Brain and other organs normal, except recent pleurisy on both sides. On section the kidneys showed acute tubal nephritis, which was confirmed microscopically."

One's general mental picture of a patient suffering from acute nephritis is, that the main symptom is œdema, mostly in the loose subcutaneous tissue, and showing more in some parts of the body than in the others—the eyelids, face, vulva, penis, scrotum, lumbar cushions, and tissues of the legs. One also expects only a small amount of urine to be passed, containing blood, much albumen, and epithelial and other varieties of tube casts. There may be some pyrexia—about 100° F., and in some cases there is pain or aching in the loins.

I want you to remember, however, that the clinical picture is by no means always so obvious as this, particularly when the acute nephritis is associated with an acute fever such as scarlet fever. I have given you a rare exception—the absence of albuminuria; let me now give you a common exception—the absence of œdema. When patients in fever hospitals suffering from, or having suffered from, scarlet fever develop acute nephritis, there is hardly ever any œdema at all. This is a point which you will not easily gather from your general text-books. Post-scarlatinal and scarlatinal nephritis cases are there described as if they were like other kinds of acute nephritis, in fact, as if they were the best type of acute nephritis.

I want you, however, to distinguish two very different sets of conditions under which acute nephritis, whether scarlatinal or not, may arise, namely:—

1. When the patient is at the time in bed, and has been so for some time past.
2. When the patient has been up and about.

Patients in the former group will have little or no œdema; patients in the latter group will not be diagnosed as nephritic unless they get œdema. It is the latter class of case that we are constantly seeing in the wards here at Guy's Hospital; it is the former class that is seen in the fever hospitals, and may be seen by you in your practice hereafter. There are at least two excellent papers upon scarlatinal nephritis in the Guy's Hospital Reports, one by Dr. Goodall, the other by Dr. Turner, and I recommend you to look through both in our Wills Library. Let me tell you what Dr. Turner says upon this particular point:—

"Many writers use the terms scarlatinal dropsy and anasarca after scarlet fever, and seem to ignore cases of scarlatinal nephritis without dropsy. As indicating the prevalence of the view that dropsy is characteristic, I may mention that several observers (names given), in publishing cases in whom no dropsy was found, remark on its absence as a curiosity.

"My own experience is entirely opposed to the view that dropsy is a characteristic symptom.

Speaking for the present only of these cases which are treated in hospital from the beginning, I may state that marked œdema never occurs. A slight puffiness of the face is not uncommon, but with fat and chubby children one may be easily deceived, and, where present, the swelling affects the cheeks rather than the eyelids, where its presence would be less open to the above doubt. Œdema of other parts—ankles, loins and scrotum—is absent in the majority of cases. In what proportion of cases it might be found in any of these situations by careful examination I am unable to say, as a short experience is sufficient to convince one of the exceptional nature of its occurrence, though I have from time to time examined for it in all my cases of well-marked nephritis, and in the majority have found it absent.

"In great contrast to these cases are those who develop dropsy at home. The exact cause of the difference in these two sets of cases is not known, but there is no doubt that under hospital conditions œdema is rare, while under other conditions it may be extreme. Probably the difference is due to some special cause, such as exertion, the erect posture, or possibly chill."

There are two morals for you to learn from all this. The first is, that you must correct your text-book and ward knowledge of acute nephritis in general, and admit a non-œdematous type arising whilst the patient is already in bed for an infective fever; the second is, that you will miss acute scarlatinal nephritis again and again unless you repeatedly examine the urine of each such patient who is in bed under your care. It will not surprise you, therefore, when I suggest to you that some at least of the cases of chronic nephritis, arising apparently without cause in young persons, are really the result of a former, but undiagnosed, acute nephritis without œdema, following upon some fever. I will return to this point presently, if I have time to mention what you may have heard of as Rose Bradford kidneys.

Scarlet fever is by no means the only acute fever which may cause acute nephritis. I have no time to-day to discuss the bacteriology of acute Bright's disease at any length, but I may say that it seems likely that inflammation of the kidneys may have many different causes, and that amongst such causes are bacteria or their products, or both. Acute nephritis is, no doubt, like acute inflammation of the bowel (dysentery) in this respect; in either case the resultant inflammation looks much the same, whatever the antecedent cause. In the case of the bowel, one sees very similar post-mortem appearances produced by such different things as calomel, arsenic, the amœba coli, and Shiga's bacillus. The irritant differs, but the bowel response is much the same to each. The kidney may be irritated by such different things as oxalic acid, turpentine, or cantharides (chemical compounds), on the one hand, or by microbes and their toxines on the other, and the results look much alike in the post-mortem room. It would not surprise us, therefore, if acute Bright's disease might be due in some cases to streptococci, in others to pneumococci, in others to typhoid bacilli, and so on. I must not spend much time upon this; it is a trifle theoretical, and in the great majority of cases of acute Bright's disease no microbes have been found. It will interest you to hear, however, that in fatal cases of scarlatinal nephritis streptococci have been cultivated from the kidneys in almost all the cases in which any growth has been obtained at all, so that it looks as though scarlatinal nephritis were in the main a streptococcal lesion. It will also interest you to know that in a case of pneumococcal pneumonia and empyema, in which acute nephritis developed and caused death, Dr. Bryant succeeded in cultivating pneumococci both from the inflamed kidneys and from the urine in the bladder. We have in John ward, at the present time, three patients suffering from lobar pneumonia, in each of whom acute Bright's disease has resulted. I cannot prove to you that these are all cases of pneumococcal nephritis, but their connection with pneumonia is interesting; and seeing that there is a complete absence of œdema in all three, I mention them to you as confirming what Dr. Turner says about the absence of œdema when acute nephritis arises in the course of a fever for which the patient is already confined to bed. I will give you briefly the notes of two of the three cases:—

The first patient is a young man, æt. 18, who is now in 10 bed, John ward. On Easter Tuesday he fell down and struck his side against the curb. He attended this hospital, and was diagnosed as "bruised rib." Apparently his injury caused hæmatoma under the skin, or it injured the lung, or lowered the patient's powers of resistance, and he developed acute fever on the Thursday. His medical adviser diagnosed it as lobar pneumonia, and it ran the course of that disease, ending by crisis. Soon after the crisis his temperature again went up, and he then came into John ward. The day before admission his chest had been needled in two places to see if he had empyema, but no pus was found. There was a brawny swelling

on the right side of the chest, and obviously there was some pus inside. After needling his chest again in six places, the pus was at last located in the pleural cavity, a rib was resected, and the post-pneumonic empyema evacuated and drained. Almost as soon as he had been operated upon his urine was found to contain albumen. Mr. Smalley's notes are: "The urine this morning contains blood and albumen in quantity." "The urinary condition has improved, the albumen and blood are less." "There has been an exacerbation, and he is passing both blood and albumen, with plenty of epithelial and granular casts, but there is no œdema whatever."

The second case, almost precisely like the first, is at this moment in 1 bed, John ward, under Mr. Rippmann's charge. He had pneumonia before he came in, empyema followed; his chest was aspirated, and a pint of pus was evacuated before we saw him. Excision of a rib has since been required to permit of the empyema being drained. Examination of the urine shows the presence of blood, albumen, epithelial and granular casts and renal epithelial cells, and yet there is not a trace of œdema anywhere. He was admitted on April 21st. The urinary condition is better than it was, but he still has 1 part per 1,000 of albumen.

The fact that these two cases are in the ward at the same time shows you that acute nephritis is not uncommon in association with lobar pneumonia; and you will see that, œdema being absent, the nephritis would easily have escaped detection had not Mr. Smalley and Mr. Rippmann been assiduous in testing the urines.

We have had a fourth simultaneous case of acute nephritis without œdema, this one being associated not with pneumonia, but with an abortion. You may remember a post-mortem examination which Dr. Fawcett made last week upon a case from Miriam ward. It was that of a woman who had been perfectly well on the preceding Sunday. She went for a bicycle ride on the Sunday afternoon, and after supper was suddenly taken ill, with what turned out to be an abortion. A doctor was first sent for on the Monday morning, and he saw her twice on that day. On the Tuesday she began to be jaundiced, and in two days the jaundice had increased until she was pea-green in colour, like a case of chronic obstruction of the biliary ducts. She had cholæmic and uræmic symptoms, and died upon the Thursday, four days after the abortion occurred. There was nothing particular to be noted about the liver at the autopsy, but there was a septic uterus, and a very acute non-suppurative nephritis. The urine passed before death had been loaded with blood, albumen and epithelial tube casts, and yet there was not a vestige of œdema of the limbs, face or body anywhere. The lesson to be learned from such a case is that in none of your cases in private practice hereafter should you omit examination of the urine, however unlikely it may seem that it may contain albumen and casts.

This raises the question whether there is such a thing as febrile albuminuria, as distinct from the albuminuria due to actual inflammation of the kidney. If there is, it is very difficult to determine where the one stops and the other begins. Many patients who come in with lobar pneumonia, have a temperature of 103°–104°, and perhaps you find a trace of albumen in the urine. Is there a distinct line of demarcation between this condition and one in which you find 1 part in 1000 albumen or more? It is very probable that the difference is one of degree only, and that in the former case there is only a very little nephritis, whilst in the latter there is more. It is useful, of course, to have some term or terms for distinguishing mild from severe cases when we talk about them, and therefore there is some clinical ground for differentiating between so-called febrile albuminuria and the albuminuria of significant nephritis; nevertheless, I would ask you to remember that the distinction is rather one of degree than of kind, and that febrile albuminuria is an expression of convenience which by no means implies that there is absolutely no nephritis at all. I would urge you, one and all, never to pass a case of albuminuria of any sort without making a microscopical examination of the urinary deposit; the discovery of renal cells, blood corpuscles, and tube casts affords the very greatest help in detecting renal mischief. I am afraid that many of you, when you were ward clerks under me, used to wait until a diagnosis of nephritis was either made or suggested before you looked for casts, and, I am sorry to say, that even then casts were not always looked for. This is wrong. It is not right to make the diagnosis and then look for casts; you should look for casts in every condition of albuminuria right away at once. You all know that the degree of albuminuria is absolutely no measure of the degree of an acute nephritis. In some of Dr. Turner's fatal cases the child's kidneys were as big as those of an adult—swollen red-and-white kidneys—yet during life the patient had passed almost the normal amount of urine with only a small quantity of

albumen. Had such a child lived, it would have been passed as a case of febrile albuminuria, and in not a few cases of fatal scarlet fever the condition of the kidneys at the autopsy is a surprise.

I must now rapidly pass in review a number of other points about scarlatinal nephritis, each of which I should like to have enlarged upon had we time. You will ask, "What are the chances that a patient with scarlet fever will develop nephritis?" You will know, from what we have just said, that I cannot tell you. I can tell you that a very large proportion of cases develop albuminuria, but there is nothing but an arbitrary measure to decide which of these are clinically nephritis and which not. The proportion of albuminurics is greater the more carefully and the more frequently the urines are tested. Roughly speaking, about half the cases pass albumen at some time or other, and about eight out of every 100 cases of scarlet fever develop some definite degree of nephritis as measured by the presence of casts in the urine. The mortality from the acute nephritis is about one per cent. of all cases of scarlet fever, and the mortality gets progressively less as the patient is older. Thus, under five years of age the mortality is over two per cent. of all cases of scarlet fever; over ten years of age the mortality is less than one-half per cent. of all cases, and the prognosis is a good deal better in females than it is in males.

I do not propose to give you all the complications of scarlet fever, but I would ask you to remember that, although we usually put nephritis amongst the first, because it is so important, it is by no means the commonest. Post-scarlatinal rheumatism, and acute or suppurative cervical adenitis are both considerably commoner.

I have mentioned that streptococci have been found in the inflamed kidneys of scarlet fever, and it seems likely that the cocci get into the kidney after absorption from some breeding ground. In many cases the only breeding ground we are sure of is the tonsil, but in other patients there are additional sources of infection, such as suppurating cervical glands, pleurisy and empyema, otitis media, and so on. The following question will some day present itself to you in practice: "My patient having just had scarlet fever has developed acute nephritis, and he also has suppurating glands in the neck and acute pleurisy; ought I to operate at once, or ought I to delay operation as long as possible?" You will have in your mind the general surgical law that patients with kidney trouble are bad subjects for operation, and you may consequently think that operation should be delayed. The answer to the above question can only be given after having tried both ways in a different series of cases. It has been tried; and the answer is, that you ought to operate upon anything operable in the way of microbial centres as soon as ever you can when there is post-scarlatinal nephritis. It diminishes the risk of a further absorption of streptococci, which may go to the kidneys and cause additional nephritis. Those patients who are operated on at once get better sooner than do those in whom operation is delayed. This is common sense; because, after all, the patients who are bad subjects for operation are those whose kidney trouble has lasted a long time, and whose tissues generally are consequently bad. The cases we are talking about now are those whose tissues and kidneys before this illness were quite good and sound, and these patients are not bad subjects for operation.

If there is no streptococcal focus to be relieved by operation, you can at least minimise the risk of absorption of streptococci from their commonest habitat in scarlet fever—the tonsils; and I think we should all take particular care in treating scarlatinal tonsilitis, either by gargles or by paints. There are many antiseptic gargles—formalin, carbolic acid, chinosol, and so on—but the two applications which seem to do most good are (1) the ordinary gargle of potassium chlorate and iron for those who can gargle, and (2) chlorinated water applied with a strong douche syringe in the way many of you will have seen Dr. Caiger demonstrate for children who cannot gargle.

Before I forget it, let me tell you one small point about scarlatinal nephritis, which is contary to the teaching of many text-books; this is, that the onset of real nephritis is by no means restricted to the convalescent stage of scarlet fever, but begins quite as often during the first week whilst the rash is out. This was shown very clearly by Dr. Turner, who based his conclusions, not merely upon the presence of albuminuria, but upon confirmation of the acute nephritis by autopsy. He saw 55 fatal cases of scarlatinal nephritis, and gives us the following table:—

Date of onset of nephritis in relation to the stage of scarlet fever.

During acute illness	23 cases.
During convalescence	22 cases.
Intermediate cases in which the temperature sank to normal only one or two days before the symptoms of nephritis were noted	7 cases.
Date of onset doubtful	3 cases.
	55

I believe the usual teaching is that the nephritis is most likely to develop during the third week of the illness; but you see that this is not true, for it is quite as likely to develop during the first week.

You will ask what kind of kidney you will see at the post-mortem examination of a patient who has scarlatinal nephritis. One is generally taught that the typical kidney is a large, red, blood-dripping kidney. This, however, is a rarity in connection with scarlet fever. The kind which you most often find is the swollen, large, pale kidney, mottled with red. and blotchy-looking, with bad demarcation between the cortex and the medulla. The capsule peels well, there is no thickening of the arteries, and under the microscope you will find it is the interstital tissue which is the most affected part of the organ. The trouble may be most marked in the glomeruli, and when the patient dies early enough for you to see under the microscope nothing amiss except in the glomeruli, the condition is called acute glomerular nephritis. But there is no distinction, except in degree, between that and the kidney in which there is small round-celled inflammation in all the interstitial tissue, from glomerulus to pelvis. The changes are essentially those in the interstitial tissue, the lesions in the epithelial cells, cloudy swelling and fatty degeneration being secondary. I show you here some microphotographs of sections of such kidneys, in which you will see that the main changes are swelling of the glomeruli, turgescence of all the capillaries, extravasations of blood both between and within the tubules, and small round-celled infiltration of the connective tissue around the glomeruli and between the tubules; in other words, it is an acute interstitial nephritis, non-suppurative, with secondary tubal epithelial degeneration. This fact is of considerable importance, for this is the only form of acute nephritis which ever goes on to typical small red granular kidney. You all know that small red granular kidney is commonest in old people, and in them is rather a fibrotic degeneration than a nephritis, having no preceding acute nephritis to cause it; but now and then you will come across well-marked cases of small red granular kidneys in quite young persons, and in some of these patients there is a clear history that the mischief was the result of an acute scarlatinal nephritis years before. I have seen one or two such red granular kidneys in patients under ten years of age, and I have seen several in persons between fifteen and thirty-five years old. Let me read you the notes of such a case in which I made the post-mortem examination last year:—

The patient was a man, æt. 32, who was admitted for vomiting, severe headaches, and weakness. There is no history of venereal disease, and his habits had apparently been good. He had had several attacks of "influenza" during the last four years. Seven weeks before admission he had begun to have nausea, vomiting, insomnia, headache, occasional vomiting, dyspnœa — five of the common symptoms of chronic urœmia. He also had polyuria and intense thirst. On admission he had fairly normal respiration, temperature and pulse. The urine contained three grains of albumen per ounce. Forty-six ounces of urine were passed the first day. There is no mention of casts. Albuminuric retinitis was found, confirming the diagnosis of chronic renal mischief. The kidneys were symmetrical, small, and dark red, with a markedly granular surface when the capsule was stripped; the cortex was so thin that it could scarcely be distinguished, the medulla extending almost to the surface. The arterioles were thickened, and there were numerous subcapsular cysts. The two kidneys together weighed under four ounces. I show you a microscopical section of one of them; you will be able to come and look at it when the lecture is over, and you will see the atrophic glomeruli, the excess of interstitial fibrous tissue, much of which has undergone hyaline degeneration, the thickened arterioles, and the irregular-sized tubules, many of which contain hyaline casts, all of which points are typical of chronic interstitial nephritis. The only other lesion of importance in this patient was the great hypertrophy of the left ventricle of his heart, which is characteristic.

I have told you that, in addition to the acute interstitial nephritis in scarlatinal Bright's disease, there is also more or less secondary degeneration in the epithelial cell; it will not surprise you, therefore, to hear that, should the trouble fail to clear up, but become chronic, the kidney which results is not a small *red* granular kidney, but a small *pale* granular kidney. Such kidneys are usually described under the heading of chronic tubal nephritis; but, as a matter of fact, the microscopical sections always show far more interstitial fibrosis than anything else.

The only clinical difference between cases of small red granular kidney and small pale granular kidney is in the amount of albumen in the urine; with the red kidney the albumen

"Charters."

is often only a trace; with the pale kidney there may be anything from 0·5 to 8 parts per 1,000 of albumen. The other effects,—the big heart, the albuminuric retinitis, the tendency to heart failure, or uræmia, or cerebral hæmorrhage, and so on, are alike in both. I show you here the small pale kidneys of a girl, aged 13, who died of acute uræmia, without œdema, last year. They are about the size of those belonging to a child a year old. This girl was admitted on June 19th, with dyspnœa, and was found to have albuminuria. The only illness she had known of recently was that she had had a tapeworm, and had passed it; but inquiry elicited the fact that she had had scarlet fever when quite young, and that there was then "something the matter with her urine." She had been regarded as perfectly well for all the intervening years, until at intervals during the last seven weeks she had had sudden attacks of uræmic dyspnœa. The attack for which she came in began two days before admission. There was a soft systolic murmur at the base of the heart; and the patient was anæmic. There was no evidence of organic disease of the heart or lungs, and no œdema anywhere. The urine was abundant, of low specific gravity, and contained a large quantity of albumen. During the night the heart dilated rapidly, she vomited, and died early on the 20th. She was a little under the normal weight. There was general hypertrophy of the heart, but no valvular disease; nothing was the matter with any abdominal organ except the kidneys. Each kidney was the size of an average oyster (without the shell), very pale, with loss of definition of structure, a very thin cortex, atrophied pyramids, and finely granular surface, with a few cysts.

I show you a section of one of these kidneys under this second microscope; when you come down to look at it you will find extreme interstitial fibrosis, and all the other changes which I have already described to you when I was speaking of the first section.

Let me now fulfil my promise to say a word or two to you about what are sometimes called "Rose Bradford" kidneys.

Dr. Rose Bradford has called attention to cases of comparatively young people who, coming under observations for cardiac symptoms, or for symptoms of chronic or acute uræmia, or for an acute exacerbation of nephritis, are found, *post-mortem*, to have small pale kidneys. When those kidneys are found, and there has been no preceding acute nephritis to account for them, they are called Rose Bradford kidneys. They are, in other words, cases of chronic tubal and interstitial nephritis, usually in young persons, in which the onset has been insidious and the cause undiagnosed. They might be dubbed "idiopathic" small pale kidneys. If similar small pale kidneys were found in a patient in whom their origin could be definitely traced to an acute nephritis years before, they would not be called Rose Bradford kidneys. After what we have already said, and knowing how easily an acute nephritis during a fever may be missed if the urine is not examined periodically even when there is no œdema, I am sure you will agree with me that some at least of these Rose Bradford kidneys really have their origin in a preceding acute febrile nephritis which was not diagnosed or even suspected at the time.

I see that our time is up, so that I cannot discuss this point any further. I have left a great many things unsaid, but I hope that I may have brought before you some clinical points which are worthy of being thought over by you again; and I hope you will discuss them amongst yourselves. If I may pick out some of the main points that I would ask you to remember, they are:—

1. That œdema is very often absent in cases of acute nephritis developing during or after an acute fever for which the patient is under treatment in bed. Œdema in acute Bright's disease is only prominent when the patient has been up and about when the trouble in the kidneys began.

2. It is possible for acute general œdema to be due to renal mischief even though the urine be quite free from albumen.

3. No case of albuminuria should be allowed to pass by any of us without our examining the urinary deposit carefully to see what the microscopical examination shows.

Appointments.

Civil.

E. L. NORTON, M.R.C.S., L.R.C.P., has been appointed Resident Medical Officer at St. John's Hospital, Lewisham, S.E.

Naval and Military.

Staff Surgeon A. R. BANKART, M.V.O., K.H.P., is promoted to the rank of Fleet Surgeon, and Surgeons J. H. JONES, R.N., and C. R. NICHOLSON, R.N., are promoted to the rank of Staff Surgeon in his Majesty's Fleet.

Surgeon A. R. THOMAS, R.N., is appointed to the *Ariadne*.

Majors C. H. L. MEYER, M.D., and L. F. CHILDS, M.B., are promoted to be Lieutenant-Colonels in his Majesty's Indian Army.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

The Decline of the Birth Rate.

SIR,—In order to gratify your correspondent "Married and Two Children," I wish to inform him that I am a married man with four children, the eldest a boy, six feet high, who went to the front in the Boer war; and of another, six feet three inches, who became a sergeant in the Volunteers, and was offered a commission in the R.H.A. (unable to accept from want of means); another six feet; a girl, five feet ten and a half inches. All these are of grand physique and good weight and appearance.

I maintain that the people who ought to breed brainy people don't. They can't afford it. That being so, why marry? Is it not iniquitous to marry and follow Malthusian practices? That is the point.

I fear the age of competition is largely responsible for the decline in the birth rate.—I am, yours truly,

ANTI-MALTHUS.

The Lord Mayor's Cripples' Fund.

DEAR SIR,—May I ask room in your valuable paper for some mention of the publication called "Crutches to Help Cripple Children," which is to be issued on June 5th, on behalf of my Cripples' Fund.

Sir Douglas Straight is acting as Hon. Editor for the Literary Section, and Sir James D. Linton, R.I., H.R.M.S., is responsible for the Art Section.

A very large number of well-known authors and artists have kindly given their services, and the result will be a literary and art production in every way unique.

The entire profits on this book are to be devoted to the fund I am now raising for the provision of homes to treat the tuberculous cripples of the poor, and for which £60,000 is required.

I shall be very grateful if you will kindly give the book all the publicity you can, as by so doing the sales will be increased and my fund proportionately assisted.—Yours faithfully,

The Mansion House, W. P. TRELOAR,
London, E.C., May 8th, 1907. Lord Mayor.

The Hot Water Installation at Honor Oak Park.

SIR,—I am directed by the Council of the Clubs' Union to forward you particulars of the new hot water installation which has been fixed at the club house at Honor Oak Park. It includes a boiler capable of heating three hundred gallons of water per hour to a temperature of 130° F., and a storage cylinder holding three hundred gallons of hot water. Two galvanised iron baths have been fitted in the rooms on the first floor, fitted with sprays, furnished with mixing valves, by means of which the temperature of the showers may be regulated from 48° F. to 103° F. One of these baths is seven feet six inches by five feet six inches by two feet, with three sprays; the other is seven feet by three feet nine inches by two feet, with two sprays. These two baths hold respectively five hundred gallons and three hundred and twenty gallons of water, and are carried on steel joists bearing on the walls. In the adjoining lavatory a cold water spray has been fitted. The contract for the above, by Deane, of London Bridge, amounting to £130, was made after tenders had been invited from four firms, one of which was the contractor's. At the test which was carried out on completion of the work, five hundred gallons of hot water were drawn off in forty minutes at a temperature of 130° F. When all five sprays were in use, the temperature of the spray water—that is, after mixing—was found to be constant at 103° F. The boiler was not forced.

Mr. Kirkland, consulting engineer to the hospital, was himself present, and expressed himself as quite satisfied with the results obtained. He considered that the installation would enable fifty men to use the baths in fifty minutes, and that there would still be hot water to spare. The cold water cistern, after the above test had been carried out, only contained six inches of water, as the cold water supply-pipe from the main is of one inch diameter with a three-quarter inch valve at the cistern, and the galvanised flow and return pipes are two inches diameter. It is therefore hoped that members will combine to prevent any waste at all of hot water, as the relaying of a larger supply-pipe from the road to the club house would involve the Union in great expense.

The Council desire me to draw the attention of members to the fact that Mr. Kirkland, who has given his valuable services to the Union gratuitously, has spent much time and taken a great deal of trouble in drawing up the specification, interviewing the contractor, and personally supervising the testing of the installation.—Yours truly,

H. C. MANN,
Hon. Sec., Clubs' Union.

The Physical Society.

DEAR SIR,—The Presidents of the Pupils' Physical Society feel that it is possible that old Guy's men in or near London would be interested in the meetings of this society, and that their wide experience would enhance the value of the proceedings. They therefore wish to invite them to attend meetings, show specimens, and join in discussions.

They would be glad if you would insert this letter, so that they may hear the opinions of those to whom they refer.—We are, yours truly,

W. M. MOLLISON, } Hon. Secs.
G. W. NICHOLSON, }

Guy's Hospital.

The Bee Pest.

DEAR SIR,—During a late visit to the Isle of Wight, I found the accompanying insect in a dying condition.

There has been for the last two years a disease among the bees of the island, which has destroyed many apiaries and caused great loss among the bee owners.

I thought you might like to have a specimen; the daily papers hint at "paralysis." Perhaps Guy's research may throw true light upon it.—Yours sincerely,

TOM BIRD.

[Mr. Bird encloses the body of a "worker" bee, which is available for any enthusiast who wishes to investigate it.—ED. G.H.G.]

Our Clubs.

Guy's '91 Fraternity.

The sixteenth dinner was held at the Trocadero on May 2nd. There were present:—N. P. Cadell (in the chair), H. V. Hickman, C. Spurrell, C. Gordon Roberts, Astley Roberts, J. Fawcett, F. G. Swayne, J. W. Russell, J. W. F. Jewell, T. G. Stevens, J. M. Thorne, A. E. Norburn, A. Shillitoe, R. Wynne Rouw, and G. Bellingham Smith.

The Goblins' Club.

YEARS 1891–2.

For the eleventh year in succession the Goblins fed, under the auspices of their indefatigable secretary, Mr. P. F. Henry, at the Café Royal, on Thursday, May 2nd. Mr. M. H. Way, from Southsea, took the chair, Mr. Hicks the vice-chair, and there were fifteen present:—Messrs. (or Drs.) W. E. Hills, of Hampstead; W. I. Hancock, E. D. Hancock, of Bath; Fortescue Brickdale, of Bristol; W. J. Lindsey, of Herne Hill; L. E. C. Handson, R. P. Rowlands, E. I. Spriggs, Norman Pike, of Heckmondwike; A. E. Porter, of Reigate; P. F. Henry, F. E. Fremantle, and Peter Jackson, of Eltham, as a guest.

Letters of regret were received from:—Drs. (or Messrs.) A. J. Cleveland, of Norwich; G. H. Bedford, of Harbottle; A. T. Falwasser, of Maidstone; C. E. Michael, of Crystal Palace Road; H. J. Starling, of Norwich; W. A. Fuller, of Milnthorpe; W. Norwood East, of Brixton; R. Balderston, of Forest Hill; G. B. Pearson, of Buckingham; F. J. Nicholls, of Eltham; Herbert Cardin, of Ingatestone; R. W. Mayston, of Erith; T. B. Poole, of Westcliff-on-Sea; J. B. Walters, and F. J. Lidderdale, of Folkestone.

Proceedings have changed since the early days of the Club. Songsters were absent, or, if present, too modest to sing; speakers, if present, were not allowed to speak. An old discussion—in murmurs, not in speeches—on local government, on amalgamation with other clubs, was revived with subdued emotion by the Clubs' obstetric specialist, and met with its usual fate. We are gliding into a serene and prosperous middle age. Messrs. Hicks and Rowlands will be president and vice-president next year, and for working purposes we can still thank heaven, and count on the Goblinic nucleus, Mr. P. F. Henry.

In Lighter Vein.

MOST AUGUST AND ARISTOCRATIC SIR,—An unworthy and egregious individual ventures to indict this epistolatory effusion in all humbleness to your transcendent magnificence, knowing full well his entire incompetence to scribble words of sufficient grandiloquence and circumambient mellifluousness to charm the auditory apparatus, or please the visual appurtenances of yourself, yet compelled by that modicum of gratitude latent in the most ignominious of mortals to attempt to thank the author of his well-being and redundant robustness.

'Tis now some few brief months since I attended your gracious Out-Patient department, under the benignant tutelage of your Out-Patient officer. I arrived, having suffered untold tortures from what is termed in your idiomatic language the belly-ache; when a-hungered, a casual glance at curry, or at most one delicious mouthful, effectually put a stopper on my appetite, and the divine sensation of emptiness which usually preceded my diurnal meals was instantaneously replaced by a most aggravating feeling of oppressive superabundance. Even if, striving heroically, I succeeded in swallowing sufficient alimentary nutriment to sustain me for a few hours, outrageous post-prandial pains attacked me, and made me bitterly regret the appetising nature of a "pop" dinner. On cessation of these gnawing regrets, the fluttering as of many sparrows on the housetop beset my cardiac region, and dizziness of appalling periodicity rendered my equilibrium unsatisfactory and uncertain, while a sit-down dinner was a fair knock-out. In the words of the poet Shakespeare,

"Life was but an empty dream."

Oh, the hollow emptiness thereof. One is almost inclined to the opinion that he must have suffered fron the identical miasmatic malady as myself, so well does he in those few choice words tot up the series of my symptoms.

In the all too curtailed period of one week under the beneficent influence of your perfervid prescription, I was transmuted from an empty, helpless and ignoble ragamuffin to an ordinary individual. In a fortnight! I could appreciate to the full degree the palatable delectability of my grub, and my gustatory apperceptions resumed their normal calibre. I could digest a square meal with a round and moonlike smile.

And now, sir, framed in a glittering golden border garnished with pellucid pearls is seated

your most powerful divine all-curing prescription, ever to be treasured among my rarest and choicest heirlooms and handed down the generations of my lineal descendants for all time.

Trusting these few words (rotten though they are) will express an infinitesimal extent of the sonorous thankfulness of the cockles of my heart, I remain, sir, your most devoted, perfervid and ignoble patient, yours to command to the ultimate election of the terminal atom of my anatomy————.

Mag. Sulph.	- -	ʒi.
Glyc. Acid Carbol.	-	ɱv.
Mist. Gentian et Sod.	-	ad ʒi.

"BAW-BEE."

Papers for the Newly Qualified.

IV.—Some Hints—Mainly Cynical.

Go dead straight and escape the Income Tax Collector.

Beware of acquiring too much knowledge of the clinical kind; it will lead you to correct and accurate diagnosis. Now "diagnosis is the d—l" in a general practice, for if you are freighted with a conscience it will lead to correct treatment, and you will early discover that modern treatment is painfully efficacious for many, if not most, diseases with which you will come into contact. To-day the old motto is transposed—Ars is short, and vita long. Short Ars means short attendances—meagre bills!

Something may be done by bearing always in mind the happy fact that doses of Sod. Salicylate larger than five grains, or of Fowler's Solution or Digitalis larger than three minims, *may* cause poisoning. This fact, influencing your prescriptions, will lengthen your attendance on rheumatism, chorea, or morbus cordis.

The great majority of your cases will really require only one or two visits, but that way starvation lies. By hook or by crook the visits must be increased—increase them.

Never hesitate to suggest a consultation, it much increases the importance of the case; you can do as you please about the consultant's suggestions. A few hints may be serviceable to you from the practices of practitioners (£500–£1,000 per annum) I have known.

In a case of chronic dyspepsia there *may* be an abdominal tumour. It is fatal to examine the abdomen; let your natural modesty restrain you, as, having found one, an operation will be indicated and the patient escape you.

Politzeize the ear at frequent intervals (at five shillings a sitting), but if you look into the meatus in an unguarded moment do it in a bad light; there may be wax there, a discovery which would put an end to the treatment in a single sitting.

Drugs are more efficacious for neuralgia than the dentist.

A diagnosis of general anasarca, after making a mark on the chest wall with your stethoscope, leads to lucrative treatment. Forgetfulness of the unfortunate fact that other things in the urine besides sugar sometimes reduce copper sulphate, leads to much lucrative diabetes in a dyspeptic.

Above all things, avoid finding a floating kidney. A well-made abdominal belt has a fatal habit of relieving symptoms of perhaps years' standing; it is really quite easy to overlook a moving kidney if you try. The removal of adenoids has pitchforked into health many a useful ailing child. Antiseptics are dear, and are to be used sparingly; a promising wound may readily heal if real cleanliness is used.

Half a grain of grey powder twice a day is all that can be reasonably demanded of you in the treatment of secondary syphilis.

The modern craze for surgery is the curse of the general practitioner—discourage it.

Degrees, save the M.D., are a snare—any M.D. will do equally well. F.R.C.S. sets up the backs of your brother practitioners and tends to bitterness. Where ignorance is bliss 'twere folly to be wise.

The thanks of a patient for his speedy recovery or relief from pain or disability is one of the pleasantest things in a medical man's life, but it is an expensive luxury, only to be obtained by the happy man who is not dependent on practice for his daily bread. To those about to get qualified, Don't, is the advice of

VELOX.

Papers by Guy's Men.

On the Treatment of Fractures in the Vicinity of Joints. By W. Arbuthnot Lane, M.S. Lond., F.R.C.S. Eng.—*The Lancet*, 11th May, 1907. (Illustrated.)

A Case of Retropharyngeal Fibroma. By N. Blake Odgers, M.Ch. Oxon., F.R.C.S. Eng. (Illustrated.)—*British Medical Journal*, 25th May, 1907.

Local Anæsthesia by Novocain. By J. W. Pare, M.D., C.M., L.D.S.—*Ibid.*, 18th May, 1907.

Physician or Doctor?

THE controversy in the last quarter of the 18th Century as to the respective values of the titles Physician and Doctor of Medicine is not without interest in the present day, when a desire is often expressed to grant the degree of Doctor of Medicine to all medical practitioners. We give below the case as detailed in Boswell's "Life of Johnson."

Mr. Boswell to Dr. Johnson.

Edinburgh, June 19th, 1775.

But I am now to apply to you for immediate aid in my profession, which you have never refused to grant when I requested it. I enclose you a petition from Dr. Memis, a physician of Aberdeen, in which Sir John Dalrymple has exerted his talents, and which I am to answer as counsel for the managers of the Royal Infirmary in that city. Mr. Jopp, the Provost, . . . is one of my clients. . . .

The fact is shortly this. In a translation of the Charter of the Infirmary from Latin into English, made under the authority of the managers, the same phrase in the original is in one place rendered *Physician*, but when applied to Dr. Memis is rendered *Doctor of Medicine*. Dr. Memis complained of this before the translation was printed, but was not indulged with having it altered, and he has brought an action for damages on account of a supposed injury, as if the designation given to him was an inferior one, tending to make it be supposed he is *not a physician*, and consequently to hurt his practice. My father has dismissed the action as groundless, and now he has appealed to the whole Court.

Dr. Johnson to Dr. Laurance.

February 7th, 1775.

One of the Scotch physicians is now prosecuting a corporation that in some public instruments have stiled him *Doctor of Medicine* instead of *Physician*. Boswell desires, being advocate for the corporation, to know whether *Doctor of Medicine* is not a legitimate title, and whether it may be considered as a disadvantageous distinction.

Dr. Johnson to Mr. Boswell.

Dr. Memis's question is so narrow as to allow no speculation, and I have no facts before me but those which his advocate has produced against you. I consulted this morning the President of the London College of Physicians, who says, that with us *Doctor of Physick* (we do not say *Doctor of Medicine*) is the highest title that a practiser of physick can have; that *Doctor* implies not only *Physician*, but teacher of physick; that every *Doctor* is legally a *Physician*; but no man, not a *Doctor*, can *practise physick* but by license particularly granted. The Doctorate is a license of itself. It seems to us a very slender cause of prosecutions.

Boswell says, "On Saturday, the sixth of May, we dined by ourselves at the Mitre, and he (Johnson) dictated to me what follows, to obviate the complaint already mentioned, which had been made in the form of an action in the Court of Session by Dr. Memis, of Aberdeen, that in the same translation of a charter in which *physicians* were mentioned, he was called *Doctor of Medicine*.

"There are but two reasons for which a physician can decline the title of *Doctor of Medicine;* because he supposes himself disgraced by the doctorship, or supposes the doctorship disgraced by himself. To be disgraced by a title which he shares in common with every illustrious name of his profession, with Boerhaave, with Arbuthnot, and with Cullen, can surely diminish no man's reputation. It is, I suppose, to the doctorate, from which he shrinks, that he owes his right of practising physick. A doctor of medicine is a physician under the protection of the laws, and by the stamp of authority. The physician who is not a Doctor usurps a profession, and is authorised only by himself to decide upon health and sickness, and life and death. That this gentleman is a Doctor, his diploma makes evident; a diploma not obtruded upon him, but obtained by solicitation, and for which fees were paid. With what countenance any man can refuse the title which he has either begged or bought, is not easily discovered. All verbal injury must comprise it either in some false position, or some unnecessary declaration of defamatory truth. That in calling him Doctor, a false appellation was given him, he himself will not pretend, who at the same time that he complains of the title, would be offended if we supposed him to be not a Doctor. If the title of Doctor be a defamatory truth, it is time to dissolve our Colleges; for why should the publick give salaries to men whose approbation is reproach? It may likewise deserve the notice of the publick to consider what help can be given to the professors of physick, who all share with this unhappy gentleman the ignominious appellation, and of whom the very boys in the street are not afraid to say, *There goes the doctor.*

"What is implied by the term Doctor is well known. It distinguishes him to whom it is

granted as a man who has attained such knowledge of his profession as qualifies him to instruct others. A Doctor of Laws is a man who can form lawyers by his precepts. A Doctor of Medicine is a man who can teach the art of curing diseases. This is an old maxim which no man has yet thought fit to deny, *Nil dat quod non habet.* Upon this principle, to be a Doctor implies skill, for *nemo docet quod non didicit.* In England, whoever practises physick, not being a Doctor, must practise by a licence; but the doctorate conveys a licence in itself.

"By what accident it happened that he and the other physicians were mentioned in different terms, where the terms themselves were equivalent, or where in effect that which was applied to him was the most honourable, perhaps they who wrote the paper cannot now remember. Had they expected a law-suit to have been the consequence of such petty variation, I hope they would have avoided it. But probably as they meant no ill they suspected no danger, and therefore consulted only what appeared to them propriety or convenience."

In 1777 Boswell wrote to Dr. Johnson that Dr. Memis's case was decided against him. The Lord President, and two others of the judges, dissented from the majority on this ground—that although there may have been no intention to injure him by calling him *Doctor of Medicine* instead of *Physician*, yet, as he remonstrated against the designation before the Charter was printed off, and represented that it was disagreeable, and even hurtful to him, it was ill-natured to refuse to alter it, and let him have the designation to which he was certainly entitled.

S.

Guy's Hospital Ladies' Association

THE Annual General Meeting of the Association was held on Thursday last, in the Court Room. The chair was taken by Princess Christian. Owing to lack of space we are unable to publish a full report in this issue.

Death of a Guy's Student.

WE regret to record the sad death of one of our Student's, Howard Wood, who died at his residence in Highbury last Thursday, 29th May. Mr. Wood was in his second year, was most popular and beloved of his confrères, and his death, at the early age of twenty, is a sad loss to all of us.

Letters the Doctor has to reply to.

I.

THIS morning I received the following letter from my cousin Gertrude:—

DEAR ROBERT,

Yes! do come down on Sunday. I am so glad you can come. George will be out in the morning, but I particularly want to have a talk to you about my poor little Mildred's health. So bring your instrument with you to sound her with, for you know what faith I have in you.

The poor child is better, but still far from well, and I am very anxious about her. George and I decided we ought to have the best opinion possible, and Dr. Smith advised us to get Sir Andrew Browne. He has such a high opinion of him. Sir Andrew has only just left, and I am writing to you at once to tell you what he said, so that you can let me know what you think. Sir Andrew was such a nice old man, with a very clever face. I wish I could remember all he said, and I am afraid I did not find out exactly what he thought about Mildred. It is very stupid of me, but these very clever men are so puzzling. I expect he talked it over with Dr. Smith, so I shall hear more later.

Sir Andrew did not seem to think very badly of Mildred. It seems that the heart was affected, or was a little out of place, but you will know what I mean. The heart is much better than it was. The rest in bed that Dr. Smith ordered was just the thing. In fact, Sir Andrew told me quietly, when Dr. Smith was talking to George, that this rest had probably saved Mildred a very serious illness. He congratulated me on having such a good doctor, for he thinks very highly of Dr. Smith, which is such a comfort to me, for I am afraid I wronged the poor man, for by his manner he did not seem quite sure as to what was the matter with Mildred. She has to stay in bed to see how further rest will benefit the heart, and Sir Andrew said that they could tell better in a week or two exactly what course to pursue. I trust he won't have to come down again, for it is a great expense. Still, of course, neither George nor I would grudge the poor child anything.

Sir Andrew took quite a fancy to dear Mildred, and as he was leaving he said to her, "God bless you, my child." Wasn't it sweet of him? When I said to her afterwards, "Didn't you have a nice, kind doctor?" the ungrateful child replied, "No! I thought he was a nasty old man!" But, then, that is because he kept her in bed, and she will insist that she feels quite well, and wants to get up. Children are like that, aren't they?

Do write and tell me what you think, and mind you come on Sunday.

Your affectionate cousin,
GERTRUDE SPALDING.

The question is, what shall I write?

Notices.

Clinical Medicine—Ward Discussions.

Dr. Shaw will conduct a six weeks' course of Ward Discussions upon selected medical cases in Addison and Mary wards on Tuesday afternoons from 2.15 to 3.30, commencing on Tuesday, May 28th.

The discussions will be open to all students, but those in, or senior to, their second term of medical ward clerkship who are likely to be able to attend regularly and to take part in the discussions are requested to send in their names to the Dean's Office.

The ward and number of the cases upon which discussions will be held will, when possible, be posted in Addison ward on the preceding Saturday morning.

Operative Surgery.

A Course of Operative Surgery suitable to the requirements of Candidates for the University Degrees and the Diploma of the Conjoint Board, will be held in the Operative Surgery Class-room on Mondays (Demonstrations), Tuesdays and Fridays (Practical Classes) at 4 p.m. The course will commence on Monday, the 27th inst., when the subject of the demonstration will be:—"The Anatomy of the Upper Extremity." Fees: University Course, three guineas: Conjoint, half a guinea.

His Majesty's Indian Medical Service.

A competitive examination for not less than eleven appointments to His Majesty's Indian Medical Service will be held at the Examination Hall, Victoria Embankment, London, on the 23rd July, 1907, and four following days.

Copies of Regulations for the Examination, together with information regarding the pay, retired pay, &c., of Indian Medical Officers, can be obtained on application to the Military Secretary, India Office, London, S.W. Application for admission to the examination, with the necessary certificates, must be sent so as to reach him on or before the 9th July, 1907.

PROGRAMME OF EXAMINATION.

EXAMINERS.

Dr. Wm. Hale White, M.D., F.R.C.P., in Medicine and Therapeutics.

Mr. J. Ernest Lane, F.R.C.S., in Surgery and Diseases of the Eye.

Professor J. Symington, M.D., F.R.S., in Applied Anatomy and Physiology.

Professor G. Sims Woodhead, M.D., F.R.C.P.E., in Pathology and Bacteriology.

Sir Wm. J. Smyly, M.D., in Midwifery, Diseases of Women and Children.

Professor J. T. Cash, M.D., F.R.S., in Materia Medica, Pharmacology and Toxicology.

TUESDAY, 23RD JULY.—Paper in Medicine and Therapeutics, from 9 to 11 a.m. Paper in Surgery and Diseases of the Eye, from 11.30 a.m. to 1.30 p.m. Clinical Medicine, from 2.30 p.m.

WEDNESDAY, 24TH JULY.—Paper in Pathology and Bacteriology, from 9 to 11 a.m. Paper in Applied Anatomy and Physiology, from 11.30 a.m. to 1.30 p.m. Clinical Surgery and Examination of Specimens,* from 2.30 p.m.

THURSDAY, 25TH JULY.—Paper in Materia Medica, Pharmacology and Toxicology, 9 to 11 a.m. Paper in Midwifery, Diseases of Women and Children, from 11.30 a.m. to 1.30 p.m. Practical Pathology, from 2.30 p.m.

FRIDAY, 26TH JULY.—Surgical operations, from 9.30 a.m. Oral Examination (half the candidates), from 2.30 p.m.

SATURDAY, 27th JULY.—Oral Examination (remainder of candidates), from 9.30 a.m. Examiners to meet in conference on termination of the examination.

* Candidates will be required to examine and report in writing upon microscopic and macroscopic specimens to be presented by the Examiners in Medicine, Surgery, Physiology, and Pathology. The reports will be made on forms supplied for the purpose, and two hours will be allowed for the four reports.

ALLOTMENT OF MARKS.

In Medicine and Therapeutics.

Paper	600
Clinical	300
Oral	300
Total ...	1,200

In Surgery and Eye Diseases.

Paper	600
Clinical	200
Oral	200
Operations ...	200
Total ...	1,200

In Pathology and Bacteriology.

Paper	350
Oral	250
Practical	300
Total ...	900

In Materia Medica, Pharmacology and Toxicology.

Paper	400
Oral	200
Total ...	600

In each of the other Two Groups of Subjects.

Paper	350
Oral ...	250
Total ...	600

To qualify, Candidates must obtain at least one-third of the total number of marks allotted in each subject, and one half of the aggregate marks for all subjects.

E. STEDMAN, *General*,
Military Secretary.

India Office, Whitehall, S.W.,
May, 1907.

Pass List.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, May, 1907.—First Examination for the Fellowship.—W. Johnson, J. L. Johnston, H. B. Kent.

Sport.

Athletic Club.

The Annual General Meeting of the Club was held on Thursday, May 9th, in the Physiological Theatre. The officers were elected for the ensuing year, and Mr. Clement Lucas, who has been President of the Club since its formation, announced his intention of resigning at the end of this season, 1907, and of marking the occasion by presenting a cup for perpetual competition at the Hospital Sports, to be held by the winner of the most points for one year, the conditions for competition to be fixed by the Committee. The meeting closed with a vote of thanks to Mr. Lucas. Mr. C. Higgens has again consented to referee and to compete in the donkey race, which should stimulate endeavour on the part of non-runners to secure a mount for this favourite race. Mrs. Ralph Thomson has kindly consented to distribute the prizes.

Guy's Hospital Rifle Association.

AT the first Armitage shoot, held on May 15th, we were unfortunately without the services of Messrs. Ticehurst and Henderson, professional duties preventing the former, and illness the latter, from turning out. The conditions were not ideal, and considering all things the shooting was good, Attwater's score being specially meritorious. The team made the following score:—

H. L. Attwater...	91
L. L. C. Reynolds	83
C. C. Holman	79
G. A. Blake	75
R. G. Oram	62
F. R. L. Atkins	62
Total	452

Eleven members turned up for the practice shoot, but owing to the unavoidable absence of the honorary secretary it was found necessary to abandon all competitions except the straight shoot through. Result of open competition:—First prize, silver-gilt spoon, H. L. Attwater; second prize, cigarette holder, L. L. C. Reynolds.

HANDICAP SWEEPSTAKES.

	Class.	Score.	Hdcp.	Total.	
H. L. Attwater ...	I. ...	91	+ 0 =	91	5/6
L. L. C. Reynolds ...	II. ...	83	+ 7½ =	90½	3/8
J. M. Joly	III. ...	75	+ 15⅓ =	90⅓	1/10
C. Holman	II. ...	79	+ 9½ =	88½	
G. A. Blake	II. ...	75	+ 11½ =	86½	
R. G. Oram	III. ...	62	+ 24 =	86	
W. E. Wallis ...	II. ...	73	+ 12½ =	85½	
F. Atkins	II. ...	62	+ 18 =	80	
F. Hogarth	III. ...	59	+ 19⅓ =	78⅓	
G. B. Jones	III. ...	38	+ 40 =	78	
P. Johnson	III. ...	57	+ 20⅔ =	77⅔	

The second Armitage Shoot took place on Wednesday, May 29th. There was a strong, somewhat variable wind, but the conditions were otherwise good. Our team turned out in full strength, and Attwater again made top score, and won the handicap sweepstake. Scores:—

H. L. Attwater ...	...	33	31	28 = 92
H. J. Henderson	...	31	31	29 = 91
C. B. Ticehurst ...	...	31	28	27 = 86
L. L. C. Reynolds	...	30	30	25 = 85
G. A. Blake ...	...	26	30	25 = 81
C. C. Holman ...	...	29	23	24 = 76
			Total	... 511

From the Gazette's Special Pathologist.

NOTICE.

L., ST. ALBANS.—These specimens are adeno-fibromata of the breasts, and have the same structure microscopically. Both are encapsuled and are not malignant.

PATHOLOGIST.

Birth.

ALEXANDER.—On April 2nd, at Cambridge, Cape Colony, the wife of Dr. K. B. Alexander, of a son.

Marriage.

CLATWORTHY—GOODING.—On May 15th, at St. Margaret's, Lee, by the Rev. E. Louis C. Clapton, M.A., Rector of Beccles and Rural Dean, John Hunter Clatworthy, M.D. Lond., of 145, Denmark Hill, S.E., younger son of Augustine R. Clatworthy, of Beccles, to Ethel Maud, younger daughter of Ralph Gooding, M.D., D.L., J.P., of 13, Church Terrace, Blackheath, S.E.

Death.

WOOD.—On the 29th May, at 9, Highbury New Park, N., D. Howard Wood, beloved son of Rev. Arthur Wood, B.A., aged 20. Funeral Service at Wesley's Chapel, City Road, Monday, June 3rd, at 2.45 p.m. Interment Great Northern Cemetery, New Southgate, 4.15.

EDS.—C. L. L. & M. E. B.

GUY'S HOSPITAL GAZETTE.

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The Council Election.

ON July 4th next the Fellows of the Royal College of Surgeons will "proceed to the election of four members of Council in the place of the four retiring members whose terms of office have expired." These retiring members are Sir John Tweedy, President of the College, Mr. C. W. Mansell Moullin, Mr. Page, and Mr. Eve.

Sir John Tweedy, we understand, does not intend to stand for re-election; the other three (two of whom are "substitute members," Mr. Mansell Moullin being substitute member for the late Sir Wm. McCormac, Mr. Eve substitute for Mr. Jessop) are eligible for re-election, and intend once more to solicit the suffrages of the Fellows. In addition, there are several new candidates in the field.

To Guy's men, however, the interest of the election will centre round the two candidates who, as representatives of this hospital, are seeking election as members of the College Council. They are Mr. C. Higgens and Mr. C. Symonds.

We need not elaborate the claims which both these last candidates have upon the support of Guy's men who are entitled to vote in the election. Mr. Higgens is Consulting Ophthalmic Surgeon to the hospital, and is no less well known to the profession generally than he is esteemed among us by those who have been trained under him, and who have had the privilege of being associated with him in his ward work. Mr. Symonds is still an active worker on the Staff, and he, too, has won the respect of the many men who have passed through this hospital, as his work in the domain of surgery has won the appreciation of the profession generally. We feel confident that the support which both candidates merit will not be lacking on the voting day, and that those Fellows of the Royal College who are Guy's men will see to it that both of them are returned as our representatives on the Council.

In a measure it is, perhaps, unjust to use the personal pronoun as we have done above.

Members of the Council are not the direct representatives of any Hospital or Medical School; they are the representatives of the Fellows and Members generally. Yet, in a sense, it is only reasonable that we should associate them with their respective colleges or hospitals; and when we do so—when we analyse the "representation return" of the Members of Council—it is evident that, at present, Guy's Hospital is not so well represented on that body as it might be. St. Bartholomew's Hospital, for instance, has three representatives; we have only two, Mr. Lucas and Mr. Golding-Bird. As the share which this hospital has taken, and is still taking, in the development of medical education and surgical science is by no means inferior to that of any other metropolitan medical school, it seems reasonable to argue that it should be as well represented on the Council of the Royal College of Surgeons as are some of the sister schools. For that reason, then, the candidature of Mr. Higgens and Mr. Symonds is justifiable, and should receive the support of every voter who is cognisant of the claims which our hospital possesses as a great medical school.

We would impress on every Guy's man who has a vote to register, the desirability of making use of his privilege to record it in favour of these two candidates. Lack of interest in the election, the feeling that "it does not much matter, one vote makes no great odds either way," is no less pernicious in a Council election than it is in a political ballot. It is only by vigorous and active support of the two candidates that we can hope to return both, and no considerations such as those in which the disinterested voter indulges should debar any Fellow from taking care that his voting paper is registered at the Royal College before five o'clock on the 4th of July. If every Guy's man who has a vote will record it in favour of Messrs Higgens and Symonds, we are confident that their election is assured.

Passim.

SIR FREDERICK TREVES, in a speech at Preston recently, said that he looked forward to the time when the present extraordinary habit of taking medicine will be a thing of the past. Whether Sir Frederick refers in particular to the much-advertised medicines obtainable at any chemist's, or to the bottle sent by the medical man every other day, is not quite clear, but assuming that he means both, he can hardly expect the sympathy of most medical practitioners.

ADVICE and treatment without medicine to-day would be to many people like a motor without any petrol; and to fail to write a prescription for his patients would mean, to the average medical practitioner, the production of many unwished-for leisure hours. Most persons now, in every class, are realising the advantages of sanitary work, fresh air, and sunlight, to which Sir Frederick refers, but their faith in medicine, as is known by everyone who has worked in Out-Patients or the Front Surgery, is unshaken.

WHETHER preventive means, of all kinds, will ever succeed in rendering infectious diseases extinct and emptying the fever hospitals entirely, we cannot hope to say for many years; but such changes must take place very gradually, and the numbers of medical men in general practice will always vary more or less directly with the demand for their services. The same day as the last case of infectious disease of any kind is cured will witness the decease of the last representative of the species general practitioner. The question is, will such a time ever come, and if so, shall we all be registered sanitary inspectors, or registered bacteriologists?

THE Pupils' Physical Society, which holds its meetings in the Winter Session, is not, however, asleep in the Summer. The Honorary Secretaries desire all men who wish to read a paper before the Society during its next season to send in their names and the subject of their

addresses as soon as possible. We again would like to remind old Guy's men who are no longer here, on the spot, that they are invited, along with present students, to send their names to Mr. Mollison or Mr. Nicholson, or to come up to the meetings and exhibit specimens, or join in the discussions.

In another column will be found an account of the Hospital Sports which took place on the 6th inst. The meeting was spoiled by the weather, unfortunately, but was more successful than one could expect under the conditions. No wonderful talent was discovered, and the moderate times and distances in the various events did not give much promise of Inter-Hospital success for us. At the Inter-Hospital sports last Wednesday we won one event only, and finished third in the competition to London and St. Bartholomew's. It must be several years since we have had such a lack of athletic talent in the Hospital, if indeed times ever have been so bad before.

The alterations to Cornelius are going on apace towards conclusion, and will produce a ward very different to the Cornelius we all knew so well. There will be a narrow approaching passage at the Colonnade end, where sister's room will now stand; on the other hand, the back ward will be considerably lengthened, and will thus counteract this deprivation. Cornelius in future will thus be a reversed Astley Cooper, but still with a single-barrelled name.

Alterations are also taking place in the College, advantage being taken of this month's shortage of externs to completely renovate the sitting-room. The floor has been taken up and several inches of concrete have been placed under it. The panels from the wall have all been taken away, and a thorough washing and repainting are to be made throughout. The advantages of the concrete floor are, it is said, more numerous than would occur to those not "in the know," and will considerably decrease the number of inhabitants of the room. The old panels have disappeared, but it is whispered that many of them will return to their old places, and that we shall still be able to indulge in the interesting occupation of putting names to initials.

The old gentleman whose picture hangs in Clinical Sitting Room appears to be fairly well known, after all, to some of the older Guy's men. In fact, it is surprising that his history was not definitely elicited a year ago when attention was first called to the portrait. Sir Thomas Stevenson, who was House-Surgeon at the time when the body was dissected, has been good enough to interest himself in the matter of tracing his history, and Mr. Mills, the Librarian of the Wills Library, has kindly favoured us with a few notes of Mr. Hempfield's case. To begin with, it seems clear that Hempfield was not an Army man, but a tradesman living at Greenwich. Mr. Mills supplies the following note:—

> "Mr. Betts states that he saw the body of Mr. Hempfield when it came to the hospital, and was delivered to the dissecting room attendant (a man with a wooden leg, named Ainsbie) then in office. The bones were got out and put in a barrel to macerate, and the parts buried in the usual way. Ainsbie died in 1874 or 1875, and his successor, on examining the barrel, found that the bones had become spoiled. They were subsequently thrown away."

An interesting little bit of hospital history, for the unravelling of which we are grateful to Mr. Mills.

Always interesting as is the chance of "seeing ourselves as others see us," it becomes doubly so when we know that these others are in a position to criticise justly, and that their opinions are worth consideration. The man who comes to Guy's, with the experience of a country hospital to guide him, is not exactly the critic whose estimate we would accept without question. But when a qualified practitioner who has walked most of the London, and a great many of the Continental, hospitals offers us an appreciation of Guy's Hospital, we may be pardoned for taking his opinion as that of a competent and sober critic.

Guy's men will, therefore, read with interest Dr. C. L. Handcock's article on "Post-Graduate work in London and Paris," which appears in the last number of the "Australasian Medical Gazette." It is an interesting article, although

some of Dr. Handcock's remarks may be open to debate. Thus, for example, is Australasia exempt from the tendency which he deplores in us of "dog being most careful to eat dog?" Those who have had the privilege of working at Paris will readily admit that the facilities and opportunities for qualified men are enormously greater there than here in London, and that the qualified man is not pestered by requests for fees. But we think Dr. Handcock is a trifle hard on London hospitals—Guy's excepted. For Guy's attracted him.

> "The visitor who desires general surgery should by all means attach himself to Guy's," he remarks. "There he will receive a kindlier welcome than at any other hospital, and there he cannot fail to notice the *esprit de corps* which marks the men of Guy's. At no other hospital will he see the busy honorary surgeon stand by and instruct his senior students as *they* perform the operation. Nowhere else will he find the dressers, clerks, assistants and house-surgeons invited to dine at their honorary's house when their three months with him have expired. At Guy's they make the visitor one of themselves."

One blushes almost to find one's hospital so highly appreciated, but there is more to follow, and the two members of the surgical staff to whom Dr. Handcock specifically refers will doubtless be interested in it.

> "One cannot fail to be charmed with the magnificent surgery of Mr. Golding-Bird, his fatherly interest in his students, and the sound common sense which he drills into them. . . . One is impressed with the calm and quiet work of Mr. Arbuthnot Lane, while he removes the colon from a lad of 19, to cure constipation, and unites the ileum and the sigmoid by lateral anastomosis, or by his clever manipulation by which he removes some inches of the rectum for malignant disease, and brings the ends together, restoring the continuity of the gut."

WE regret to announce the death of Mr. Henry Couling, F.R.C.S. Edin., which occurred at his residence, 1, Grand Avenue Mansions, Hove, on Friday, May 31st. Mr. Couling was an old Guy's man, who had been House-Surgeon to Mr. Birkett, and who qualified in 1864. After holding his house appointment here he went to Brighton, where he entered into partnership with the late Mr. James Oldham. He enjoyed a particularly large and distinguished practice up to a few years ago, when he was compelled to relinquish his professional duties owing to ill-health.

THE non-existence of any externs for June is making a lot of extra work for the Obstetric Residents and for the District Nurses. A notice in the Colonnade draws the attention of young qualified men and others to the fact that an honorary certificate is given to those men who attend one hundred district cases; and the same notice invites men who have already done extern to take on the work for one or more days during the month. Residence in the College will be free to all who accept this offer.

THE Rifle Association are making all the running for the Armitage Cup this year, for with a lead of over forty points, nothing short of a miracle, we are assured, should prevent our taking the Cup this year. Shooting men are asked to note that the prize meeting will be on Wednesday, June 19th, and will be an all-day affair. The full programme for the day will appear in the Colonnade.

THE new Appointment List is out, and congratulations are due to many new members of the Junior Staff. On the medical side Mr. Cameron succeeds Dr. Bell Walker as registrar, whilst on the surgical side Mr. Bankart takes Mr. Greeves' place. Mr. Ryffel and Mr. Laidlaw are the new demonstrators of physiology and dental microscopy, and Mr. R. Davies-Colley is made obstetric registrar and anæsthetist to the hospital.

THE Final and First Fellowship results have come round again, and the names of two Guy's men appear in the former and three in the latter. The taking of the Fellowship is the greatest examinational height to which a medical student can climb, and is indeed a success in which the greatest pride may be taken. It has been said that the Fellowship Examination of the College of Surgeons of England is the only examination which cannot be passed by pure luck. This is, no doubt, a great exaggeration, but the fact remains that the Fellowship has had, and still has, the reputation of being the most searching examination in any profession. Heartiest congratulations are due from all to the successful candidates.

Guy's Hospital Ladies' Association.

Annual General Meeting, 1907.

The Annual Meeting of this Association was held in the Court Room, on Thursday, May 30th. A very large number of members were present, among others being Princess Christian, who presided, the Countess of Bective, the Countess of Selkirk, Countess Waldegrave, Viscountess Goschen, Viscountess Valentia, Lady Henry Bentinck, Mrs. Benyon, Mrs. Cosmo Bonsor, and Miss Nott Bower.

The principal business was the statement of accounts, the presentation of the report, and the election of two members of the Executive Committee in place of the Countess of Bective and Mrs. Arbuthnot Lane, who retired according to rule.

The following are extracts from the report of the Committee:—

The Committee record with much satisfaction that the interest taken in the Association remains undiminished. The total number of members at the present time is 1,217, an increase of 60 during the last twelve months. Of the 21 local branches enumerated in the last Report, the great majority are still in a flourishing condition, while several have increased their membership. The Committee have received with much regret the resignation of Miss Beck, as Secretary of the West Norfolk Branch. Miss Beck has worked enthusiastically for the Association since its inception in 1895, and through her instrumentality several local branches have been started. The Committee desire to express their appreciation of Miss Beck's work on behalf of the Association, they would couple with her name that of Mrs. Bramley Taylor, another original local secretary, who so ably conducted the Denmark Hill Branch, and that of Mrs. White, President of the Dulwich Branch, both of whom have this year been obliged to resign. They are very glad that the work initiated by Mrs. Bramley Taylor will still be continued, as Mrs. Oldendorff has kindly consented to succeed her as local secretary. Miss Cutcliffe's new branch at Fleet, Hampshire, has done well, and now comprises 24 members, and Mrs. Turner has made a promising beginning at Kennington. The Committee note with satisfaction that Mrs. Edwards has organised a local committee in connection with her branch at Woodford, thus placing the work on a more permanent basis. So much success has attended the formation of local branches, as may be seen from the facts that 919 of the members belong to them, and that they together contribute the substantial sum of £220 18s. 10d. to the funds, that the Committee venture once again to appeal to members and to other ladies who are sufficiently interested in the work to organise new centres in their districts. Good results are secured by spreading among as wide a circle as possible a knowledge of the vast work of the hospital and of its many needs, and these branches are a valuable means of enlisting the support of many ladies who otherwise would never be reached. The Secretary will always be pleased to give every assistance to any member wishing for further information or advice on the steps to be taken to form a local branch.

There are still some vacancies for visitors to the wards, several members having resigned during the year. It would be a great assistance to the proper organization of this branch of the work if visitors would kindly inform the Secretary when for any reason they are obliged permanently to discontinue their visits.

The junior members' branch inaugurated last year now numbers 155, of which 53 belong to various local branches. The subscriptions amount to £9 14s. 3d., which will be given as a special donation towards the support of a cot. The attention of members is directed to the fact that Mrs. A. W. Ormond will in future undertake all the secretarial work in connection with the children's branch.

The financial position of the Association is still very satisfactory. It must, however, be recognised by all who are familiar with the hospital that there is unlimited scope for any further aid the Association can provide.

The Committee have much pleasure in recommending that the sum of £250 be given to the Treasurer for the support of 5 beds in the maternity ward. This is an increase of £50 on former annual grants, and raises the number of beds supported by the Association from 4 to 5. As there will still be a greater balance than has usually been carried forward, the Committee seek authorization from the general meeting to expend a sum of £25 on some special need of the Hospital after consultation with the Matron and Superintendent.

Several members have materially aided the Association by inducing some of their friends to join. It is essential for the continued success of the Association that fresh members should be obtained each year. While fully recognising the increasing difficulty of securing further support, owing to the multiplication of similar organizations elsewhere, yet the Committee hope that this method of help may be more largely employed in the future. They would again point out that Guy's is not a purely local institution, but draws its patients from all parts of the United Kingdom, indeed of the Empire. Help may therefore legitimately be asked from places outside the London area, and is frequently most readily given, as will be seen from a perusal of the districts in which branches already exist.

In moving the adoption of the report, the Countess of Bective said :—

Your Royal Highness and Ladies,—It is always a pleasure to move the adoption of a good financial report, and I am very glad to have been asked to-day to propose to you the cordial passing of our balance sheet for the past year. It is one which your Committee may be justly proud of, and which compares very happily with those of past years in its steady progress and its increasing proof of the interest which the Association inspires far and near.

I need not trouble you with any figures, as your treasurer, Mrs. Pye-Smith, has given you all the important items, and as you will find detailed particulars in the annual report. But I should like to draw your very special attention to the fact that this year's surplus of £346 enables us to maintain five beds instead of four in Victoria Maternity Ward, and still leaves us with a good balance in the bank. We hopefully look forward to the time when all the eight beds in that ward will be maintained by the funds of the Ladies' Association, and also to the entire maintenance of the Junior Members' Cot which is only partly supported by them at present.

Your Committee strive to keep down the working expenses as far as it is possible to do so, and you will see that the only serious item is that for printing and stationery. This, as we know, is unavoidable in carrying on an association like ours, in which printed matter and constant correspondence with new branches is of great importance and necessarily an increasing tax. But the other figures on our debit side are almost nil, owing greatly to the good management of your secretary, Mrs. Lauriston Shaw, and also the practical help given by some of the branch secretaries gratuitously in the needlework department, while the generous contributions from such branches as Dulwich, Streatham, and Banstead have helped to bring the total of our assets up to the present satisfactory figure.

And so, though our expenses necessarily increase yearly, we confidently hope for yearly increased support, because you, and those many other friends whom you represent here to-day, cannot fail to recognise the value of your work and your subscriptions; you know that both are urgently needed and admirably distributed, you know, too, that the claims of this great hospital increase as day follows day, and that it is our pride to think that our individual efforts, however small they are, hold their own place in contributions to the wants of the poorest of Guy's patients, as well as to the support of the five beds in a ward specially full of suffering and anxiety.

I beg, Madam, to propose the adoption of the Financial Statement of 1907, and to ask your Royal Highness's permission to associate with it the name of Mr. Charles Wells, who so generously gives his services in auditing these accounts.

It was proposed by Viscountess Valentia, and seconded by the Hon. Mrs. Molyneux, that Mrs. Kenneth Campbell and Mrs. Hale White should be the new members of the Executive Committee.

A vote of thanks to Princess Christian was moved by the Countess of Selkirk, and seconded by Mrs. Cosmo Bonsor

The Mansion House Crutch.*

SOME day some one will have to write "The Monuments of the Lord Mayors," and the book will prove interesting and stimulating reading. There will doubtless be gaps in the succession of beneficiaries to humanity—for even the Mansion House hive has had its complement of official drones—but among those who have done something to mark their mayoralty by that highest Nicean virtue, good works, surely the name of William Treloar will figure prominently for what he has achieved on behalf of crippled juvenility.

We all know his fund. Some of us, too, know a little of what it has done in our own Out-patient department in helping the anky-losed hip, for whom we can do nothing more, or aiding the "brave poor things" to whom O'Connor extensions are as impossible as Paradise was to the Peri. It is scarcely the time to imagine that the efforts which the present Lord Mayor is doing on behalf of the nation's crippled children will win the unanimous, enthusiastic support that they deserve. The man in the street has not yet found out that there are other national obligations beyond those of supporting the Army, the Navy, and the party in power. For all that, it is slowly dawning upon some of us that Sir William Treloar is initiating a work which ought to have been started many years ago, and for the successful accomplishment of which he is assured of the support of every right-thinking citizen.

We do not mean to review here the publication which is the latest attempt to arouse more or less widespread interest in the Lord Mayor's Fund for Crippled Children. It is a publication which everyone who has a shilling to spare should get for him or herself, for, no matter what the verdict may be as to the contents or literary value of the purchase, there must remain the abiding consciousness that tenpence, or more, has gone towards helping that Fund. Suffice it to say here that no critic will cavil at the undoubted merits of the publication. What there is of reading matter is well worth the short time it takes to peruse it; what there is in the way of engraving and photography has been done excellently, with taste and with discretion. That, indeed, was no more than we expected when we saw on the title page that Sir James Linton was responsible for the

* Crutches to help Cripple Children. 1s. net. Bemrose & Sons, Ltd., 4, Snow Hill, London, E.C.

selections in the art section, and Sir Douglas Straight for those in the literary department. "Crutches to help Cripple Children" is a good shillingsworth, which reflects credit on all those concerned in its publication.

To everyone reading it we commend Sir William's introductory half-page. It is a clear, lucidly-written appeal on behalf of the cripples. "In London, seven thousand physically defective children are known to me," he writes. ". . . the bulk of this pathetic army is drifting to hopelessness and mendicity. . . . Think of it! In France, fifty-three per cent. are cured and twenty-five per cent. are improved. Surely it is worth while for England to begin at once its work of benevolence at the fount, and by taking these children in the early stages of disease, to prevent its awful progression."

Think of it! We hospital folk know it, and the knowledge that the picture which the Lord Mayor has drawn is a faithful one should make us eager to assist his efforts towards bettering the existing conditions of metropolitan crippledom.

The Resignation of Mr. Frederick Newland-Pedley,

F.R.C.S. Eng., L.D.S. Eng.

The resignation of Mr. F. Newland-Pedley, Senior Dental Surgeon of Guy's Hospital, is chronicled with deep regret.

His great services to the Dental School have been continued during many years, and are gratefully and ungrudgingly acknowledged.

Mr. Newland-Pedley was educated at Guy's and the Royal Dental Hospital of London, and obtained the diplomas of L.D.S. (1880), M.R.C.S. (1881), and F.R.C.S. (1885).

Upon becoming qualified he assisted Mr. Henry Moon, Dental Surgeon to Guy's, in the dental department of the hospital, and carried out the work with much ability, zeal, and energy. At about this period Mr. Newland-Pedley held two other appointments, namely, Dental Surgeon to the Evelina Hospital for Children, and to the North-West London Hospital. He was appointed Assistant Dental Surgeon to Guy's in 1885, and Dental Surgeon in 1887, and lectured on Dental Surgery for fifteen years, from the foundation of the Dental School in 1889 to 1904. He volunteered his services to the Army at the onset of the South African War, was appointed Dental Surgeon to the Imperial Yeomanry, and did excellent work for the troops in the field.

His name will always be memorable as a founder of Guy's Dental School. He published in the *British Medical Journal* (1888), and in "Guy's Hospital Reports" (Vol. xliv.), a severe criticism upon dental surgery as practised at that period in the general hospitals of London. He was convinced that the enormous amount of dental disease amongst the poor could only be dealt with in anything like an adequate manner by the establishment of dental schools.

The desirability of founding a Dental School at Guy's appealed to the Staff and the Governors of the hospital, and the undertaking being launched in 1889 its success was soon assured.

At that time it was thought by the dental profession that the scheme was impracticable, mainly for the following reasons, namely, the excessive cost of the equipment of a school, the difficulty of attracting men of standing as teachers, and the fact that two special dental hospitals were already established in London. Mr. Newland-Pedley was not the man to belittle the power of Guy's Hospital and Medical School, nor to acknowledge his inability to find capable co-workers, and he worked enthusiastically and indefatigably to make the school a first-rate one from the beginning. He showed himself thoroughly disinterested in the matter, and for many years devoted much of his time to develop the school, the numerous committee meetings being generally held at his own residence. From the first he contended that personal sacrifice must be made by the Dental Staff, and that if anyone desired to join Guy's solely for pecuniary benefit, Guy's was not the place for him.

Mr. Newland-Pedley possessed much energy and determination, and was ever ready to sacrifice time and personal considerations for the benefit of Guy's. He was quick in judgment, forcible in argument, fearless and outspoken in word, but his views were invariably impartial and disinterested. The students recognized in him an able and sound teacher, and those who attended his lectures could not fail to profit by his sound knowledge, his lucidity of expression, and his wide clinical experience.

In concluding this brief summary of the work of Mr. Newland-Pedley, it may be said he proved himself a successful leader and teacher, and his influence with Guy's men will long be felt.

In his retirement from Guy's we wish him continued prosperity, and are assured he carries with him the gratitude and warmest thanks of his colleagues, and the grateful acknowledgments of his former pupils.

Appointments.

Naval and Military.

Staff-Surgeon F. DAVIDSON LUMLEY, R.N., is appointed to the Naval Hospital, Wei-Hai-Wei, China.

Sussex Imperial Yeomanry.—J. S. STEINHAEUSER, M.B., to be Surgeon-Lieutenant.

"Tommy."

Nystagmus.

CLINICAL LECTURE BY Mr. ORMOND.

GENTLEMEN,—As far as I know, or have been able to discover, there has not appeared any monograph on this subject in the English language. In modern text-books it is only mentioned as a symptom of a certain number of diseases, and is generally dismissed in a few words; no attempt is made to distinguish the various kinds of nystagmus, the result being that incomplete statements abound in our reports about this interesting subject, and it is looked upon as a symptom that is of little or no value in forming a decision as to the position of a pathological change.

Nystagmus is not so rarely seen in our Out-patient department as is sometimes supposed, and I have found no difficulty in collecting between thirty and forty cases during the last few months. By nystagmus I mean an "oscillatory involuntary rhythmic movement of the eye-ball, having small range, and being more or less continuous."

There are, however, many varieties of movements, allied to, but not identical with, nystagmus, such as :—

1. The searching movements of the congenitally blind eyes, where the eye-balls are moved in long sweeping involuntary waves from side to side, or from one point to another in an oblique direction.

2. *Pseudo-nystagmus*. By that I mean nystagmoid movements present when the eyes are turned towards certain points, and not present when the eyes are looking straight forward. The eye-ball is jerked in the direction of the muscle pull, and gradually returns, to be jerked out again by an extra effort of the muscle.

3. Lastly, we have a combined form, where true nystagmus exists, and also in certain positions of the eyes additional movements may be noticed added to the true nystagmus.

The movements of true nystagmus may be unilateral or bilateral, and with regard to direction may be horizontal, vertical, rotatory, oblique or circumductional, and they may vary in degree with the position of the eyes. Further, they may be dissimilar in each eye, a lateral nystagmus in one eye being associated with an oblique or rotatory in the other.

Nystagmus may be present at birth or appear in early infancy, generally before the end of the first six months; but, as you probably know, the oculo-motor system being by no means complete in man at birth any more than it is in cats and other animals, all these cases should be classed as congenital.

Several papers have been written lately on the nystagmus associated with head-nodding, found in young children, Spasmus Nutans as it is called; and the interest in miners' and occupational nystagmus has lately been revived by a paper published recently by Dr. Christie Reid in "Brain." You all probably know that it is present as an occasional symptom in lateral sclerosis, Friedrich's ataxy, syringo-myelia, also in cases of cerebellar disease and ear disease. With the fact that it is a result of poisoning with certain drugs, eserine, cocaine, arsenic, lead and ether, you are probably not so familiar. Lastly, I have two cases in my private practice who are able to produce the condition voluntarily.

Family nystagmus.—Cases where nystagmus has been observed in members of the same family, and appeared in different generations, are of considerable interest; but a comparatively small number have been published. In the majority of cases the "mother's son inheritance" has been noticed (that is to say, transmission through the female, developing in the male). It has been denied that nystagmus is congenital, *i.e.*, present actually at birth; but in some of these family cases the women have been so interested in the development of this peculiarity in the children, that they have made observations immediately after birth, and assert that the eyes "worked" when first seen. This is a most important point, as it may fairly be argued in such a case that the condition of the retina and its power to appreciate light, etc., cannot have affected the development of the nystagmus, but its origin must be referred to a central oculo-motor cause.

If we examine the records of "family" cases published by Owen, McGillivray, Nettleship, Wood, Audenoud, and others, we find nystagmus affecting certain members of families, generally, but not always, males. The visual acuity, in all cases where it has been recorded, has been below the normal; also in most of the cases some error of refraction, generally slight, has been present, and the fundus, as far as could be ascertained, healthy in appearance.

Congenital nystagmus may not develop until after birth, and is, when examined, found to be associated with albinism, total colour blindness, or some defect in the development of the eye, such as a cataract, or abnormality of the retina, choroid, or cornea.

Although the nystagmus is not apparent in children with such defects, it may be present; as, for instance, in a case seen by me last week, in which the mother had only noticed that the child did not seem to see well; and I myself did not detect any nystagmus until I examined the fundus with an ophthalmoscope, when I found marked lateral nystagmus and large white patches in the macula of each eye. The child was only three months old, so you see it is quite possible that the nystagmus will in this case become quite obvious to the mother at some future time, and she will date the nystagmus from the time she first noticed it, whereas it is present now, and doubtless has been present for some time.

Nystagmus is also frequently found as the result of an acquired disease which has ruined the transparency of the cornea, lens, &c., or damaged the choroid or retina, but the disease must attack the patient early—exactly at what time or before what time I cannot say, but I think before the child is six months old. Syphilis and ophthalmia neonatorum are the two most important diseases producing this result. High degrees of astygmatism are also sometimes found in cases of nystagmus.

With regard to the cases of nystagmus in association with head-nodding, Dr. Still, in his lecture published in the *Lancet* last year, says:—"The nystagmus is characterised by its unilateral predominance being much more marked in one eye; it sometimes may be present in one eye only. It appears when the child is a few months old, and disappears in a few weeks or months. It is exceedingly fine and rapid. It may be vertical, horizontal, or rotatory, and may be convergent and not conjugate. It may precede the head-shaking or follow it."

Miners' nystagmus.—This is the most important of those types of nystagmus classed as "occupational." It is characterised by being periodic, but when cured, tends to recur if work is resumed where illumination is poor. The patient notices that objects seem to move (a condition usually absent in the congenital variety); this makes him feel giddy. The oscillations of the eyes are rapid, and are usually to-and-fro as well as rotatory, and are binocular. The nystagmus is diminished by looking below the horizontal. The acuity of vision is generally normal. The prognosis is favourable, if the cause is removed, and the cause seems to be related to the defective illumination, and the position of the head and eyes in which the miner is obliged to work. Cases of nystagmus have been recorded among men employed in other occupations, such as compositors, paper makers, decorators, metal rollers, &c.

Nervous disease.—True nystagmus occurs in twelve per cent. of the cases of multiple sclerosis, and nystagmoid movements, or pseudo-nystagmus, in forty-six per cent. (Uhthoff). It is said to be frequent in syringo-myelia. Pseudo-nystagmus occurs almost constantly in hereditary ataxia, and is usually very marked. Out of 100 cases of intra-cranial tumour collected from our Guy's Reports, nine cases of cerebellar tumour had nystagmus as a symptom, and two cases of temporo-sphenoidal tumour.

Electrical stimulation of the cerebellum in animals produces it. In the nystagmus of multiple sclerosis and other organic diseases, lesions have been found, mainly in the corpora quadrigemina, corpus striatum, restiform body, cerebellum, and medulla.

Symptomatic.—Duane says, "A true nystagmus not due to optical defect, nor dating from childhood, and not traceable to occupation, as in miners' nystagmus, nor to ear disease, is strong presumptive evidence either of multiple sclerosis, or, less probably, of syringo-myelia." It is, however, too often recorded as being present when only a pseudo-nystagmus is present—*i.e.*, when an extreme effort to keep up the original excursive movement of the eyes results in a series of jerks, seen best when the eyes are directed to the extreme periphery.

Ætiology.—Nystagmus, you notice, is almost invariably associated with an interference of one or other of the afferent channels, by which our sense of equilibrium is maintained, the visual, auditory, and cerebellar tracts being, of course, the chief. With regard to visual impulses, wherever hereditary or congenital nystagmus exists there is a diminution of the visual acuity, and nystagmus occurs in those cases where the transparency of the media or the integrity of the retina is interfered with in early life, *i.e.*, before the sixth month.

If we consider miners' nystagmus, we notice that the conditions of light under which these men work is always bad, and the best of the safety lamps used give an intensity of light less than 1 c.p. With adaptation of the retina to dim light the visual acuity at the fovea centralis is always lowered. This theory is, of course, opposed to that of Snell, with which, on *a priori* grounds, I disagree.

It must be acknowledged that some people are much more liable to nystagmus than others, since in the hereditary cases we find certain members of the family quite free from the

trouble, although when examined the ocular condition is the same as far as can be ascertained as in those who do suffer.

All men working in coal mines and engaged in "holing" and such work do not suffer from nystagmus; miners' nystagmus, moreover, shows a tendency to develop in different members of the same family.

The cases associated with aural disease, and tumours of the temporo-sphenoidal lobe, remind us of the important fact that both portions of the auditory nerve receive afferent impulses for the maintenance of equilibrium. The semi-circular canals are the special sense organs for orientation. The influence of the cerebellum, again, in maintaining equilibrium is of paramount importance. The evidence of the association of nystagmus in multiple sclerosis with an interference of the equilibration centres is not always demonstrable, but lesions of the restiform, quadrigeminal, and striate bodies have generally been found where nystagmus has existed, and this suggests interference with the ocular, auditory or cerebellar impressions.

We are entirely in the realm of theory when we attempt to locate the centre, where these afferent impulses meet. It must include the nervous mechanism of the semi-circular canals as well as that which regulates the movements of the eyes and head, and also the cerebellum.

Dr. Alexander Bruce has suggested Deiter's nucleus, which is the end nucleus of the vestibular nerve, lying at the lateral angle of the fourth ventricle, and this, or a centre close to it, may possibly be its position.

True nystagmus appears to be associated with some pathological lesion by which defective impulses reach a theoretical centre situated probably in the mesencephalon, these impulses being transmitted along the channels by which our sense of equilibrium is maintained. If these afferent impulses are defective, the centre is then unable to regulate the transmission of the efferent impulses, and an intermittent, instead of a synchronous contraction of the ocular muscles results.

BOOKS RECEIVED. — German edition of Richter' Organic Chemistry; Hale White's Materia Medica, 10th edition; Campbell's Treatment; Lloyd's Hay Fever; Ostwald's General Chemistry; Buckmaster's The Morphology of Normal and Pathological Blood; Horrocks' Bacteriological Examination of Water: Salkowski and Orndorff's Physiological and Pathological Chemistry; Walker's Physical Chemistry: Ostwald's Physico-Chemical Measurements.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

Ward Discussions.

DEAR MR. EDITOR,—Your Passim note welcoming the institution of ward discussions on selected medical cases raises one or two points to which I would ask you to give me space to refer. I have sometimes, in Clinical Lectures, and also, I think, in your columns, protested against the idea that students, other than the members of a firm, who accompany a physician or surgeon on his ordinary rounds can be regarded as "interlopers." It is with regret that I see you give even a qualified approval to this view. It has always seemed to me that a visitor acts as an additional stimulus to a clinical teacher, and, far from depriving the domestic ring of any valuable possession, is often the actual means of eliciting some of those stores of experience or mature reflections which it is a teacher's chief duty to dispense, and which without such stimulus might not always be forthcoming. The fact that the attendance of such visitors is voluntary, and not demanded by the authorities, does undoubtedly affect the teacher's attitude to his work. Do you not, sir, rather confuse the issue by speaking of the advantage gained by the visitors as "crumbs?" The gift which a teacher has to dispense is not to be compared with so material and limited a thing as a loaf of bread, either big or little, but rather to such a quality as light, which is much more diffusible, and, with a little management, can be spread over many beneficiaries, without material dimming.

My object in starting these discussions is, not to divert visitors from the ordinary ward teaching, but to enable visitors on one day in the week to attend in the ward with a prospect of really learning, instead of being only taught. Indeed, I should hope that visitors, having had their interest aroused in selected cases, would come also during the ordinary rounds to watch their progress.

This brings me to the next point. If these discussions are to be of real use to students, and provide hem with judgment and experience which will be of professional value all their lives, they must not be mere one-sided affairs, in which the teacher alone knows the details of the case and puts into the passive mind of the student the chief points useful for examination purposes. The student must have seen the case before, must have found out what its difficulties are, and must be prepared, not to answer, but to ask questions about it. This needs some organisation and management, and entails some special sacrifice of time on the part of certain members of the class, who undertake to "get up" a case each week in order to be in a position to take the lead in discussing it.

I am duly grateful to the members of the class who have already sacrificed themselves, and I should be glad to hear of other volunteers. I think they will learn from

previous victims that the ordeal is not a trying one, and is educationally well worth the trouble.

Many thanks for pointing out the disadvantage of Tuesday afternoons. On this occasion the demands of my own ward clerks upon my time left me no option. In future courses I will endeavour to find a more suitable day.—Yours faithfully,

LAURISTON E. SHAW.

June 5th, 1907.

Guy's Hospital Swimming Bath.

Sir,—May I call the attention of all men who use the bath to the rule that "boots must be removed in the ante-room before going down into the bath." There is a prominent notice inside the door to this effect, but in spite of this there is a certain class of men who persist in ignoring the request. More than twenty men have had the rule pointed out to them whilst in the bath this season, and yet on every Students' day the trouble recurs.

It might be pointed out that the bath is not our property, that it belongs to the Nurses' Home, and that we use it by their courtesy. This has been done both in these columns, Sir, and elsewhere, but it seems ineffectual, and the Committee, therefore, ask those men who have the decency to comply with this reasonable request to see that the rule is strictly carried out by every man who bathes there.—Yours sincerely,

P. SEYMOUR PRICE, Capt. S.C.

Some Interesting Cases.

I.

Dear Sir,—I had rather an interesting case the other day. A woman, æt. about 39, had had nine children, all born alive, all large babies, the last one born two years previously. All labours had been perfectly straightforward and pretty quick. When I got to her, labour had been in progress about five hours. She was an enormous size, and declared that she had felt movements of the child up to onset of labour. The head was low down, presentation L.O.A., pains very strong, but absolutely no progress being made. I waited a little time, and then put on forceps, which were very difficult to adjust, the head evidently being a very large one. After great difficulty I delivered the head, but try as I would I could not deliver the body. I knew there was only one child for certain, and I felt sure, after delivering the head, that the child was dead. I had to send for help, and meantime got the woman pretty deeply under chloroform, to check the pains, which were very heavy. When the other doctor came we had about twenty minutes' hard work getting the child away, and as soon as we did we saw the cause of the difficulty. The child had been dead about ten days to a fortnight. She was about that time over the date she expected her confinement, and the skin was macerated and peeling off. All the body—trunk, limbs, neck and scalp, and face—were tremendously distended and bloated with P.M. gases. The body weighed 12½ lbs. There was nothing to be found in the cord or placenta to account for the death of the child. The parents are both healthy; no history of gout or syphilis, though the woman is rather subject to erysipelas of the feet and legs, but had not had an attack during her pregnancy. She made an uninterrupted recovery.—Yours sincerely,

Hook Norton, Oxon. T. MALCOLM WALKER.

II.

Dear Sir,—I enclose a message which was sent to me recently while doing work in the Native Territories, summoning to a patient residing some three hours journey away.

K——

21/4/07

Sir

Doctor Welsh

Please come up at once V—— is deing pouring blood terrieble & a tramandos Heacup.

Yours Sincereley

Mrs. V——

K——

Though not much useful information was contained therein from a doctor's point of view, the statements were too true. I found the patient bleeding copiously from the naso-pharynx, and the hiccough was most distressing. As to the exact cause of the hæmorrhage I was in doubts; the patient kept expectorating shreds of membrane very much resembling placental membrane, and I could not help thinking of our friend the Echinococcus who in this country is always with us. I have seen him once snugly housed in the eye. I attempted to take my patient to the Umlata Hospital, but the waggon I was promised at 4 p.m. turned up at 6, and the journey in took just one hour longer than it should have done. This made all the difference, my patient dying within sight of the hospital, of course a very unsatisfactory affair for myself. I could only comfort myself with the thought the issue would have been the same had he remained at his store.—Yours faithfully,

West Bank, East London. 18th May, 1907. P. H. WARD.

Papers by Guy's Men.

A Clinical Lecture on Punctured Fractures of the Base of the Skull. By R. Lawford Knaggs M.C. Cantab., F.R.C.S. Eng.—*The Lancet*, 1st June, 1907.

On the Advisability of Removing the Cervix in performing Hysterectomy for Fibromyomatous Tumours. By John D. Malcolm, F.R.C.S. Edin.—*Journal of Obstetrics and Gynæcology* for May, 1907.

Variations in the Age-incidence of Mortality from certain Diseases. By Sir Shirley Murphy.—*The Lancet*, 8th June, 1907.

Maniacal Chorea. By W. Mussellwhite, M.R.C.S., L.R.C.P. Eng. — *British Medical Journal*, 1st June, 1907.

Messenger Monsey.

IN a recent number of the GAZETTE, mention was made, in "Passim," of the fact that Dr. Messenger Monsey left his body to the Hospital for purposes of dissection. As the life and character of this almost forgotten light of the medical profession may not be without interest to present students of the Hospital, the following notes, gathered from stray sources of information, may prove worthy of a corner in the college magazine.

Monsey was born in 1693, and could trace his descent from a very worthy ancestry. Knights and dukes figured in his tree, and in Blomefield's veracious "History of Norfolk" may be found a lengthy statement of his pedigree, which attributes royal descent to the Monseys. He himself was accustomed to jeer at all this fuss about his lineage, and took a modest pride in remembering that one of his more immediate ancestors so far forgot his nobility of descent as to have occupied himself with the humble profession of baking hot cross buns. He used to tell a story, says Jeaffreson, of how this ancestor, who was a retailer of hops as well as a baker, first acquired a modest competence. There was, it appears, a time when hops were down and feathers up, so the baker ripped open his beds, sold the feathers and stuffed the tick with unsaleable hops, on which, it is reasonable to suppose, he and his family rested even more refreshingly. When the market changed and hops went up with a bound, he took out the stuffing and sold it at a profit, buying back the feathers for a song. "That's the way, sir, my family *hopped* from obscurity," said Monsey.

To return to Messenger's own history. His grandfather was a very wealthy man, while his father, the Reverend Robert Monsey, was a Norfolk clergyman. At the Revolution, the elder Monsey, who was a non-juror, forfeited his living, retired to his private estate, and devoted himself to the education of his son. At a fairly early age young Messenger was sent to St. Mary's Hall, Cambridge, and later on was apprenticed to Sir Benjamin Wrench at Norwich. A few years later he started practice on his own account, at Bury St. Edmunds. It appears he was not at all successful, but he made good use of an opportunity that was thrown in his way. Lord Godolphin, grandson of the Duke of Marlborough, on his way to Newmarket, was seized with an attack of apoplexy, and Monsey, who happened to be within call, was summoned to attend him till his own medical attendant could be procured. He employed his advantage well, charmed his lordship with his conversational gifts, and induced Godolphin to invite him to London. Thither he went, and rapidly became fashionable. He was a stubborn Whig, lively, sagacious, well read, and brutally sarcastic, as Jeaffreson tells us, and he became one of the stars in the constellation that moved round Walpole, and in which Garrick was the only one that threatened to eclipse him. He and Garrick became fast friends, until finally, in a contest of jokes, they both lost their tempers with each other, and swore eternal enmity. So far did Monsey carry his animosity to his one time friend, that he had the heart to make jokes when the latter lay a-dying. He composed a set of verses on Garrick's death, in which he represents the actor as the centre of a medical consultation, and imagined the consultants quarrelling over the treatment.

> Some roared for rhubarb, jalap some,
> And some cried out for Dover,
> "Let's give him something," each man said,
> "Before we give him over."

Finally, one of the learned consultants suggests that they should revive the dying actor by jingling guineas in his ear.

> Soon as the fav'rite sound he heard,
> One faint effort he tried—
> He oped his eyes, he stretched his hands,
> He made one grasp, and died.

These verses Monsey had the grace to consign to the waste-paper basket, but he never quite forgave Garrick.

A great many good stories are told of Monsey. Through Godolphin's influence he obtained the post of physician to Chelsea College, where for years he carried on a kind of civil warfare with the chief surgeon, a certain Mr. Ranby, who equalled if not surpassed him in splenetic vituperation. He was greatly addicted to betting, and wagered on anything, and to him is attributed the remark, made in all good faith to a clergyman who had said something with which he disagreed, "How dare you, sir, advance a statement in a public room which you are not prepared to substantiate with a bet?" In his religious opinions he was a Unitarian, and he took a keen pleasure in stating his views to those whom he believed would be offended with them. Thus, one morning, while taking his daily ride in the Row, he met a clergyman with whom he had a philosophic discussion. Something in his talk vexed his listener, who remarked, "But, doctor, I am talking with one who believes there is no

God." "And I," flashed out Monsey, irritably, "with one who imagines there are three," a remark which put an end to all further conversation. Jeaffreson also relates his eccentric habit of extracting teeth. When he had the toothache he fastened round the offending molar a strong piece of catgut, the proximal end of which he tied to a bullet. He then charged a pistol, and tightly rammed down the bullet. Extraction was performed by the simple method of pulling the trigger, and he lauded this method so highly that he persuaded one of his fashionable patients to try it. At the critical moment, the victim lost courage, and yelled out, "Desist, doctor, desist, I've changed my mind." "But I haven't, you fool," said Monsey, and pulled the trigger, extracting the tooth, much to the patient's delight and astonishment.

Very interesting—and very readable, too, if we delete a few passages which might shock the taste of modern readers—are the old scamp's love letters. Here is a specimen. He had dined, neither wisely, nor, if his own account passes for much, too well, with one of his patients, a Mrs. Montague, who was reputed a society beauty, and his letter is dated March 4th, a minute past twelve.

> "Dear Madame," he writes, "Now men's ghosts are getting out of their graves, and here comes the ghost of a doctor in a white sheet to wait on you. Your Tokay is got into my head and your love into my heart, and they both join to club their thanks for the pleasantest day I have spent these seven years: and to my comfort I find a man may be in love, and be happy, provided he does not go to book for it. I could have trusted till the morning to show my gratitude, but the Tokay wou'd have evaporated, and then I might have nothing to talk of but an ache in my head and a pain in my heart. Bacchus and Cupid shou'd always be together, for the young gentleman is apt to be silly when he's alone by himself: but when the old toss-pot is by him, if he pretends to fall a-whining, he gets a cursed knock on the pate. . . . How could you use me so, dear madame, like an Hyrcanian tygress, and be such an infidel to misery: that though I hate you mortally, I wish you may feel but one poor half-quarter of an hour before you slip your breath—how shall I rejoice at your horrid agonies? Nec enim lex justitior ulla quam necis artefices arte perire sua—remember me. . . . My ills have disturb'd my brain, and the revival of old ideas has set it a-boyling, that till I have skimmed off the froth, I can't pretend to say a word for myself, and by the time I have cleared off the scum, the little grudge that is left may be burnt to the bottom of the pot. . . . But hold! As in all probability I'm going to tell you a parcel of cursed lies, I'll travel no further, but lay down my presumptuous pen and go to bed. You see what it is to give a Goth Tokay: you manure your land with filth and it produces Tokay: you enrich a man with Tokay and he brings forth the froth and filth of nonsense. You will learn how to bestow it better next time. I hope what you took yourself had a better, or at least no bad, effect. . . . Well, upon my life, I'll to bed, for 'tis a burning shame to sit up so. I lie, for my fire is out, and so will my candle, too, if I write you a word more. God eternally bless and preserve you from such writers."

And the next morning, when the Tokay had evidently worn off, he penned the following:—

> "Dear Mrs. Montague.—My fever has been so great that I have had no time to write to try and convince you that I had recovered my senses and could write a sober line. Pray, how do you do after your wine? . . . I never expect you for a patient again as long as we live. The last relation I should like to stand to you in, and which nothing could make bearable but the serving you, and that is a J'ay pays for all my misery in serving you ill. I am call'd out, so adieu."

And the same afternoon, again:—

> "How do you stand this flabby weather? I tremble to hear, but would hear all things . . . 'Tis a sad thing to have to do with a fool that can't keep his nonsense to himself. You know I am a rose, but I've got terrible prickles. Dear madame, adieu. Pray God I may hear you are well, or that He will enable me to make you so, for you must not be sick, or die. I'll find fools or rogues enough to be that for you, and are good enough for nothing else, and hardly, very hardly, ever good enough for that. Adieu, adieu, I say, adieu."

No wonder Messenger was fashionable if he could write such notes to his lady patients.

His testament was as eccentric as himself. He died in 1788, at the ripe age of ninety-six years, and the day before he died he amused himself by drawing up his will. He evolved a most amusing and sarcastic document, commencing a paragraph by lauding one or other of his young female friends and bequeathing riches to her, and calmly withdrawing it all in a codicil with the gratifying assurance to the disappointed legatee that he had changed his mind, having found her out as a "pert, conceited, cursed minx, and be damned to her." So, too, he fulminated in one paragraph against bishops and priests and the Church generally, and in a codicil bequeathed an annuity to two clergymen whom he knew to be "worthy and respectable men." Then follows the bequest of his body to Guy's Hospital, and after that comes his epitaph, composed by himself, and probably designed to

be affixed to the "box with holes" in which his carcase was to float on the Thames. It may fittingly close this brief sketch of his career.

Here lie my old bones; my vexation now ends;
I have lived much too long for myself or my friends.
As to churches and churchyards, which men may call holy,
They are pieces of priestcraft, and founded on folly.
What the next world may be never troubled my pate;
And be what it may, I beseech you, Oh Fate,
When the bodies of millions rise up in a riot,
To let the old carcase of Mounsey lie quiet.

As a physician, he was looked upon with respect, even though his eccentricities of manner and speech made him a host of enemies in professional circles. He paid not the least attention to professional etiquette, and had no high opinion of his brethren. In that respect, he presented a marked similarity to Galen, and the view he held of his own degree is epitomised in his sneering rejoinder to Godolphin, who had very kindly volunteered to patch up the quarrel between him and Garrick. "Why should your lordship trouble your head about the grievances of a Merry-Andrew and a quack?"

The Athletic Sports.

THE Athletic Sports were held at Honor Oak on Thursday, June 7th. In spite of the unfavourable appearance of the sky all the morning, and the occurrence of heavy showers during the day, a very fair-sized crowd had assembled when the proceedings commenced. Fortunately the rain held off, except for two short intervals, during the sports.

Mr. R. Clement Lucas, the president of the club, was present the whole afternoon. Mr. H. A. Munro, Mr. Stewart, Mr. Rowlands, Dr. French and Mr. Turner acted as judges, Mr. Higgens as referee, Dr. Desprez as starter, and Mr. T. Shepherd as timekeeper.

Much interest was taken in the Obstacle Race, which was invented, and held for the first time, this season, the obstacles including hurdles, climbing under bowling screens and nets, changing boots for shoes, scaling a wall, and finally leaping a fence and alighting into a tank of water. The race highly delighted the spectators, and should be made a yearly event. W. T. Clarke, the fortunate winner, was greeted with loud cheers upon his arrival at the winning post.

The Honor Oak Coronation Scurry Stakes, as usual, took place in heats during the afternoon. Mr. Higgens was a good second in his heat, but failed in the final, being unfortunate in his mount, which showed unusually marked signs of the characteristic obstinacy of his species. The behaviour of the donkeys generally was an improvement on that of late years, their efforts to "stand on their hands" being confined to a single instance.

Some good performances in the real business of the afternoon were shown, notably by R. Rankine, who won the shot and the hammer, W. W. Cook in the hundred yards and the two hundred and twenty yards, and S. H. Browning, winner of the high jump.

The following were the items:—

100 YARDS HANDICAP.—W. W. Cook (3 yds. start), 1; H. Mather (2 yds.), 2. Time, 11⅖ sec.

PUTTING THE SHOT.—R. Rankine (scratch), 33ft. 2in., 1.

HALF-MILE.—A. D. Williams (50 yds. start), 1; F. Tooth (14 yds.), 2. Time, 2 min. 6⅘ sec.

HIGH JUMP.—S. H. Browning (scratch), 5ft. 2½in., 1.

DONKEY RACE.—A. D. Berry, 1; M. M. Munden, 2.

120 YARDS HURDLE RACE.—S. E. W. Wright (owed 3 yds.), 1; S. H. Browning (owed 10 yds.), 2. Time, 19⅗ sec.

THROWING THE HAMMER.—R. Rankine (scratch), 1. 94ft. 1in.

ONE MILE.—J. L. Johnston (40 yds. start), 1; N. E. Farr (10 yds. start), 2. Time, 4min. 56⅗sec.

220 YARDS.—W. W. Cook (7 yds. start), 1; H. Mather (3 yds.), 2. Time, 25⅘sec.

440 YARDS.—A. D. Williams (20 yds. start), 1; H. Mather (5 yds.), 2. Time, 55⅕sec.

LONG JUMP.—R. G. Oram (2ft. start), 22ft. 2in., 1; S. H. Browning (1ft. 9in.), 19ft. 9in., 2.

THREE MILES RACE.—L. A. B. King, 1; A. P. L. Johnson, 2. The only two starters, of whom King received five seconds start, and won very easily. Time, 16min. 55⅘sec.

OBSTACLE RACE (scratch).—W. T. Clarke, 1; M. M. Adams, 2.

Immediately after the last event the prizes were distributed by Mrs. A. R. Thompson. The Clement Lucas Cup, presented by Mr. Lucas on his retirement this year from the presidency, was won by S. H. Browning, who scored 13 points.

Mr. Lucas proposed a vote of thanks to Mrs. Thompson, in a short speech, in which he paid Mr. Thompson a pretty compliment, such as only Mr. Lucas can.

Mr. Thompson replied briefly. Cheers were given for Mrs. Thompson, for the secretaries, and finally for Mr. Lucas himself. As was pointed out by Mr. W. H. Watson, Mr. Lucas has been president of the Athletic Club since its formation, and the sports this year brought with them the melancholy termination of his office. Mr. Lucas replied to Mr. Watson's speech in a few words, and the sports were over.

During the afternoon the band of the "R" Division of the Metropolitan Police played through a capital programme.

Pass List.

UNIVERSITY OF CAMBRIDGE, 1907.—Degree of Doctor of Medicine.— G. W. de P. Nicholson.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, May, 1907.—Final Examination for the Fellowship.—D. T. Barry, S. E. Denyer.

Papers for the Newly Qualified.

V.—Some Practical Hints.

HOWEVER unnecessary it may seem to you, in cases of strange symptoms all complainers, especially neurotic ones, think a great deal of being examined with the stethoscope. If there is any question in their mind or yours about the liver, they admire a thorough palpation and percussion, and should a little of your weight be added to your hand, they consider they have had a real good piece of work done for them. The same is true of examination of the urine. If there happens to be time enough and leisure, however humble the patient, the above details will bring considerable credit to you, as also will inspection of the membrana tympani and the use of the Oslitzer bag or nasal catheter. In addition, the use of the ophthalmoscope and laryngoscope should not be neglected, the aptitude for handling which it is well to retain by practice, as the future medico's lot may be cast far from consultants and specialists.

The charms of 8 by 4 inches of Emplast. Adhesium spread on holland are often extraordinary, taking away the pain at the spot and adding comfort. No one can see the subtle influences going on under the plaster where mind and matter meet; therefore let the patient have the undisturbed pleasure of knowing that he is relieved, and that it is the plaster that has done it.

When a consultation is over, always name the date and time for the next call. If you do not do this there is an appearance of lack of interest, and patients under such circumstances have said, "he did not *tell* me to come again." So it is a patient is sometimes lost as well as the pleasure of giving the relief you hoped for.

It is a great point to be buoyant and cheerful for the good it does, as well as because it calls forth such an answer as, "Yes, I *will* come again, I like to see you."

If you don't believe in yourself and your work and show it, others will not believe in you or your work either. The advice which says audibly, "Yes, I can help you out of the difficulty," has its share of intrinsic value as well as the medicine given, or surgical attention administered. Experience is the parent of very definite assurance, and it is a victory when a client voluntarily says, "It does me good to come and see you, you inspire such confidence."

The value of diaphoresis is, I think, much underestimated, as well as good diuresis. I have read lately that cases of typhoid in which there is free micturition usually do well, and it is the same with other diseases. Whatever and wherever be the pain, be it muscular or nervous, be it in head or toe, a warm and heavy sweat will carry off more quickly noisome products from the system as well as soothe the nerve ends, the skin helping to restore the health-balance upset through the temporary indisposition or sluggishness of some other organ. The bowels are nearly always remembered, but there are those who are out of sorts where the primæ viæ are doing their work satisfactorily. The patient must drink gruel or hot milk and water (not necessarily with spirit, as some would order), get between the blankets and pile the clothes on till the heat becomes unbearable, when he will burst out into a therapeutic perspiration. We generally, in the case of children, at once attempt diaphoresis with Aconite or Liquor Ammonii Acetatis, but why should we neglect it in adults?

Probably we have all noticed that when restless or in pain in bed, if we can lie still and get into a glow, though it be short of sensible perspiration, we shall go off to sleep. The warming pan, with its long handle, seen hanging on the wall in old houses; the modern India-rubber bottle, or the hot footbath just before retiring, all aim at the same result; aided by discarding sheets and lying between the blankets.

Living in or near town we are apt to exert ourselves but little, and come short of the enjoyable sensations of health by not knowing anything about the sweat of the brow. Every person should take exercise sufficient to cause definite perspiration at least once a week, or oftener if manageable. It is obtained artificially by the Turkish bath, but this is not *ad naturane*, and the muscular exercise, with its healthy pressure on blood renal, lymph renal, nerve, liver, intestines, and other internal organs is missed.

Remembering that these notes are definitely for the Newly Qualified, one thinks of matters which were not learnt at the hospital with much emphasis.

Position. — Hæmorrhoids, chiefly external, are very common, and generally caused by the loose and frequent motions, or else too hard and scanty. Medicine can make a happy medium, but after every stool let the horizontal posture be assumed, with a hard pillow or pad under buttocks, while the shoulders are flat on the

bed as for fractured clavicle. In this way the blood gravitates out of the enlarged veins and great relief is given.

For piles use a sponge and water, rice paper, and some ointment before, as well as after an evacuation.

Varicose veins in the leg give great discomfort by the end of the day, but much can be gained during the night if the feet and ankles are pillowed as well as the head. Something hard should be put under the mattress at the foot of the bed, so that the feet and legs lie high, sloping down to the knee. The relief from this position is charming.

The two previous instances particularize the horizontal position. The vertical is, however, sometimes saving. The new-born babe who refuses to breathe quickly is suspended by its legs by the nurse. I remember being called to a family dinner-table where an idiotic female member had bolted—as imbeciles often do—a large piece of unchewed meat, and was in process of suffocation. Though she was fairly fat and heavy, I managed—for moments were important—to hang her up by her legs so that the offending bolus returned into her mouth and her life was saved.

One Christmas time a female disturbed my convivialities by her great distress at not being able to get a ring off her swollen finger. I made her hold her white arm upright above her head till it was well blanched; then, by standing on the table, I was able, with the use of soap and water, to rid her now narrowed and cool finger of the offending ring.

A young man in the City injured his elbow-joint, which was much swollen in consequence. He went to one London hospital where his arm was put up in an angular splint. When the swelling went down it was found that between the two pieces of the divided olecranon there was a big gap. Now, if a long inside vertical splint had been used, the situation might have been saved. As a result of this wrong position, the patient had to go to another London hospital to have the two pieces of the olecranon screwed together, which was accomplished quite successfully. The screw afterwards got loose, and with a little help was removed.

I once unwisely passed a catheter while the patient was standing up against the door instead of lying on a sofa. Like a thunderbolt there was a crash, and my stout and sturdy client was on the floor, instrument and porringer into the bargain. A fit, a reflex, had been the result of the unusual sensation of a catheter on the urethra.

Since there are many who have not the luxury of football, cricket or rowing, and other boisterous games, it is well to know that there is a way of walking which will quickly produce a sudorific skin. When I see a person slouching along, perhaps even quickly, like a machine, I always think he is out for a day's leave from an asylum. In walking, it is possible to be conscious of moving nearly all the muscles of the body from neck to foot; that is, they can be put into a state of temporary tension in groups one after another.

I know a learned judge who, to pass away time in the sleeplessness of advancing years, can in his bed exercise all his muscles, even to the triangularis sterni, he assures me. This tension of the muscles, which necessitates deep inspirations and a well-filled chest, produces a manly gait and deportment and is a pleasurable recreation in itself, assisting metabolism along with healthy stimulation of the sweat glands.

"AFTER THIRTY YEARS."

Change of Address.

Lieutenant R. Grenville Anderson, R.A.M.C., is stationed at El Obeid, Kordofan.

Mr. Hugh T. Campkin, L.D.S., from 46, Seymour Street, Portman Square, to 14, Harley Street, Cavendish Square, W.

Staff-Surgeon F. D. Lumley, R.N., from Plymouth to Wei-Hai-Wei, China.

Mr. H. Alford Moffat, F.R.C.S., from the New Somerset Hospital, Cape Town, to 118, New Church Street, Tamboer's Kloof, Cape Town, S. Africa.

Dr. F. W. Morton Palmer, from 2, The Crescent, Teignmouth, to 13, Orchard Gardens, Teignmouth, S. Devon.

Mr. A. B. W. Rust, L.D.S., from Heathfield, Sussex, to 15, Clarence Street, Staines.

Mr. T. Lionel Smith, L.D.S., from Guy's Hospital to Towerhurst, 20, De Grey Terrace, Leeds.

Dr. Gerald A. Ticehurst, from Winstowe, St. Leonards-on-Sea, to 10, Grand Parade, St. Leonards-on-Sea.

Mr. Douglas G. Wearing, L.D.S., from West Moor, Poole Road, Bournemouth, to Elmfield, Main Road, Sidcup, Kent.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

In Lighter Vein.

The externs for June will hold the usual concert during this month, when every member of the happy little band will contribute to the success of the evening. The following is likely to be the programme:—

SONG ... ... "Tramp, tramp, tramp."
MR. BELLINGHAM SMITH.

SONG ... ... "The Voice of the Father."
THE JUNIOR CHARITY.

SONG ... ..."Let me dream again!"
MR. BELLINGHAM SMITH.

SONG ... ..."Come out, come out!"
THE LATE VICE-PRESIDENT.

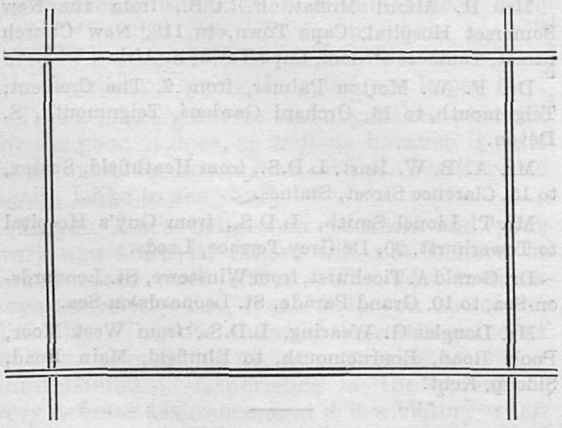
SONG ... ... "Watchman, what of the night?"
MR. BELLINGHAM SMITH.

SONG ... ..."The Promise of Life."
AN ERSTWHILE H.-P.

SONG ... ... "Back Again."
MR. BELLINGHAM SMITH.

SONG ... ... "Oh, that we two were Maying!"
(With an obbligato by Mr. E. M. Harrison)
THE EXTERN.

GOD SAVE THE KING.



PORTRAIT OF THE JUNE EXTERNS.

Junior Guyite Club.

THE twenty-seventh dinner of this club was held on Thursday, May 9th, 1907, at the Restaurant Frascati, Oxford Street. The President, W. H. C. Newnham, Esq., M.B., occupied the chair, supported by the Vice-President, Percy Warner, Esq. The following members were present:—H. G. Ashwell, W. E. Audland, J. C. Bates, E. C. Beale, J. B. Berry, H. Blatherwick, L. Burroughs, L. A. Dunn, C. H. Fagge, J. Fawcett, Jas. A. Fraser (Hon. Sec.), Herbt. French, J. H. Gibson, E. W. Goodall, B. Jumeaux, W. Arbuthnot Lane, T. D. Lister, R. A. Milligan, W. H. C. Newnham (President), C. J. Ogle, A. W. Ormond, M. Parry-Jones, G. C. Steele-Perkins, W. A. Phillips, J. A. P. Price, G. H. Rodman, Geo. Rowell, G. B. Smith, Lockhart Stephens, C. J. Symonds, H. M. Stewart, A. H. Tubby, P. Warner (Vice-President), W. Hale White, Holland Wright.

The next dinner will be held at the Restaurant Frascati on the second Thursday in May, 1908, at 7.30. President, Percy Warner; Vice-President, Lockhart Stephens.

JAS. A. FRASER, Hon. Sec.

Novelties.

Soaps for Summer-time.

We have received from Messrs Edward Cook & Co., Ltd., Soap Specialists, of Bow, London, E., samples of some of their special lines in that indispensable luxury, soap. Some years ago there was an animated discussion in the papers as to the practical value of soap. It was asserted, by a gentleman who had the moral courage to confess that "for years" he had not used soap in his matutinal ablutions, that the use of this toilet necessity is one of the most potent factors in causing racial deterioration. It was pointed out that the Australian aboriginals never used soap. People who assert the deterioration of the race are fond of calling upon the Australian aboriginals in support of their statements.

We venture to think that, if anyone possessed any doubts as the usefulness or the excellence of soap in general, a trial with any of the samples which Messrs. Cook supply will speedily convert him. The "Riviera Toilet Soap," which this firm supplies, is one of the best super-fatted soaps which we have ever used. It is one of those rare things—a thoroughly reliable toilet soap, non-irritating because entirely free from injurious constituents or impurity, and inoffensive because discrimination and care have been used in scenting it. A heavy-scented soap is in itself suspicious, for there is always the thought that the volatile oils have been added to overpower the smell of decomposing fatty acids in the soap. The "Elite Shaving Soap," supplied in the form of a shaving stick, contains a large amount of fat,

combined with a relatively small amount of alkali, and it is consequently a slow-drying, creamy soap, equal to the best brands of shaving soaps we have sampled. The "Lightning Soap," for domestic purposes, has won the highest appreciation from that expert in domestic soaps, the charwoman. "It aint half bad, 'cause it lathers just lovely," is the verdict that was passed on the specimen submitted to her, coupled with the expression of opinion that it was the cheapest kind she had ever used. With such an opinion even Messrs. Cook ought to be satisfied.

Reviews.

The price of books submitted for review should in every case be stated.

The Diseases of Women: A Handbook for Students and Practitioners. By J. Bland-Sutton, F.R.C.S., and A. E. Giles, M.D., B.Sc. Lond., F.R.C.S. Edin. Fifth Edition. (Rebman Limited, London and New York.) 11s. net.

This well-known handbook of the diseases of women needs little attention from the reviewer. In fact, one may almost dismiss it by saying that the authors have carried out their task in as able and as excellent a fashion as it was possible to do. Of course they might have given us more detail: for examination purposes they might have told the student something more about the contra-indications of the sound, and a trifle less about the embryological classification of tumours. But there are limits to the capacity of such handbooks, and, as it seems to us, Mr. Sutton and Dr. Giles have been very happy in affording strictly proportional "spaces" (as advertising managers would say) to various pathological conditions. They have not overloaded their work with details which, however desirable they may be, are yet not absolutely indispensable, but they have given a full and clear description of the various conditions dealt with, and have added, in addition, an excellent, and essentially practical, index at the end.

Compared with the last edition, published more than two years ago, this reprint contains a large amount of new matter. The chapter dealing with chorion-epithelioma has been entirely rewritten, and as it stands, it is the shortest, most condensed, and withal the clearest epitome of the disease which we have seen in any text-book. Some carefully-drawn representations of microscopic sections illustrate the chapter, and considerably help the student in understanding the detailed pathological histology given. A great deal of new matter is also to be found in the chapters treating of diseases of the ovaries. All the chapters are short, ably written and well illustrated. The authors state their belief that, if "surgical authors are able to restrain their vanity, and refrain from publishing notes of successful cases in text-books, the established facts of the art can be presented in a very convenient compass," and they have certainly proved the truth of this statement. Whether, by withholding details of illustrative cases, they have not limited the interest of the book, so far as the student is concerned, is questionable. But, this point apart, the book is an exceedingly useful one, and should prove of real service to anyone reading up the subject for his final examination.

Manual of Surgery. By Alexis Thomson, F.R.C.S. Edin., and Alexander Miles, F.R.C.S. Edin. Vol. I. General Surgery. Second edition. (Young J. Pentland, Edinburgh and London.) 10s. 6d. net.

In their preface to this, the second edition of a book which has met with deserved popularity among students, the authors state that their object has been "to furnish a systematic view of the present-day aspects of surgery in sufficient detail to render it useful to the practitioner, without at the same time carrying it beyond the scope appropriate to a manual for students." With this object in view, theoretical matters have been but briefly treated, and the discussion of pathological processes has been confined to a mere summary of their bearings on treatment and diagnosis. The first hundred pages of the present volume treat, therefore, very briefly with the main conditions of surgical repair, inflammation, suppuration, gangrene and surgical bacteriology. The few woodcuts that illustrate these subjects are well printed, but it appears to us that there is not much advantage in giving microphotographs of various bacteria, such as are included in the work, unless the sections be coloured so as to give the student a picture of the preparation as he will actually see it under the microscope. Other surgical manuals have adopted this plan of colouring bacteriological illustrations, and we venture to think that the student gains more by studying the frontispiece to, say, "Treves' System of Surgery" (which gives full-size coloured drawings of the more important pyogenic organisms) than by attempting to gain some idea of what the tetanus bacillus looks like from a study of the microphotograph on p. 119.

Coming to the special subjects, we find that most of them are very adequately described. Here and there a few more points noted with regard to the pathology of the lesion might have added to the value of the description. Thus in rodent ulcer the student is told practically nothing with regard to its pathological differentiation from epithelioma. Sometimes, too, much more space is given to the description of a lesion than it merits. For example, half a page is devoted to that rare accident, sub-luxation of the ulnar nerve, and an equal length is reserved for Von Recklinhausen's disease. The chapters dealing with joints and fractures are admirable, clearly written, with good attention to treatment and differential diagnosis. To some of the illustrations, however, we may reasonably object. That, for instance, which represents the reduction of a carpal dislocation by means of the "Indian puzzle" is apt to mislead. The "puzzle" figured is that flimsy straw structure usually found in the sets of conjuring tricks sold for the entertainment of the juvenile community; we doubt very much if it is equal to the strain which the illustration would have us believe it is sometimes made to undergo. The surgical "puzzle" is a strongly-made instrument of leather and

steel, and is quite different in appearance, though similar in action. Again, the illustration of the application of a Hodgen splint is wrong.

With these few criticisms, our task as cavillers is done, and we may conclude by cordially welcoming the book. It is up to date in its descriptions and teaching; it is compact, well printed, and in every way, indeed, suitable as a student's manual of a science and art which have grown far beyond the compass of a brief text-book. As an introduction to the study of surgery, Miles and Thomson will continue to hold a high place among the many competitors for the students' popularity on the market.

Sport.

Cricket.

GUY'S v. BECKENHAM.

This, the opening match of the season, was played on May 4th. Our batting was decidedly bad, Kahlenberg (28) alone showing good form. We were badly beaten by 124 runs. Score:—

BECKENHAM.

P. J. Aste, b Young	19
R. Curwen, c Munden, b Kahlenberg	0
H. T. Baker, b Kahlenberg	24
J. K. Stenning, c Munden, b Scott	39
J. S. Christopher, c Scott, b Young	56
H. B. Vincent, b Smith	1
J. C. Stevens, b Young	11
B. W. Stenning, c Young, b Kahlenberg	11
F. G. Thoms, not out	16
F. B. Ramsey, not out	0
Extras	8
Total	185

E. H. Stenning did not bat.

GUY'S.

M. Munden, b H. T. Baker	0
E. Barnett, b Christopher	7
H. Archer, b H. T. Baker	10
F. D. Saner, b H. T. Baker	0
P. Smith, lbw, b Christopher	2
H. V. Gibbons, c Curwen, b Christopher	2
G. C. Covell, not out	9
J. F. Young, run out	0
F. Kahlenberg, c Thoms, b Stenning	28
H. Scott, b Christopher	1
W. T. Clarke, b H. T. Baker	0
Extras	2
Total	61

GUY'S v. LONDON COUNTY.

This match was played on May 8th. Our opponents had the assistance of five of the South African team. A finish was not possible owing to rain. Scores:—

LONDON COUNTY.

W. A. Shalders, c Munden, b Kahlenberg	0
H. Smith, c. Bromley, b Kahlenberg	7
L. O. S. Poidevin, not out	47
J. H. Sinclair, b Kahlenberg	58
A. E. Vogler, b Young	43
J. J. Cameron, c Barnett, b Young	3
Extras	2
Total	160

S. C. Covell, J. J. Kotze, W. G. Grace, Penfold, and C. E. Howden did not bat.

GUY'S.

M. Munden, not out	1
E. P. Barnett, b Kotze	3
Total (for 1 wkt.)	4

GUY'S v. THE STOICS.

This match was played at Honor Oak on the 10th May. We batted first, and thanks to useful innings by Saner (75), Barnett (37), Covell (31), and Munden (29), we reached the good total of 236. The Stoics then went in and lost five wickets for 106, when rain stopped further play. Scores:—

GUY'S.

M. Munden, c Haywood, b Budden	29
W. E. Fox, b Haywood	2
F. D. Saner, c Smith, b Budden	75
E. P. Barnett, b White	37
H. Archer, b White	7
P. Smith, c & b White	3
H. V. Gibbons, lbw, b White	9
G. C. Covell, st Hardy, b White	31
J. F. Young, b White	13
F. Kaklenberg, c Mein, b White	14
F. Tooth, not out	1
Extras	15
Total	236

STOICS.

G. H. Gadsdon, lbw, b Kahlenberg	8
G. T. M. Hardy, c & b Tooth	26
C. H. G. Smith, c Covell, b Tooth	2
V. C. White, b Tooth	5
C. A. Tidy, b Tooth	18
C. Haywood, not out	16
H. A. Budden, run out	13
Extras	18
Total (for 5 wkts)	106

J. B. Mein, V. S. Brown, S. E. Walmisley, and E. H. Sedgwick did not bat.

Guy's Hospital Rifle Association.

The third Armitage shoot took place on Wednesday last under far from favourable conditions. In addition to half a gale of wind all day, a Scotch mist alternating with heavy showers blew over from 3.30 p.m. onwards. Henderson was lucky in finishing his shoot early after lunch. Considering the conditions the team shot excellently. We now lead St. Mary's by considerably over forty points on the three shoots.

H. J. Henderson	30	30	29	89	1st Sweepstake.
H. L. Attwater	31	31	25	87	
C. B. Ticehurst	31	30	24	85	
L. L. C. Reynolds	27	28	24	79	Divide 2nd & 3rd Sweepstake.
C. C. Holman	30	27	22	79	
G. A Blake	27	29	22	78	
Total				497	

EDS.—C. L. L. & M. E. B.

GUY'S HOSPITAL GAZETTE.

VOL. XXI., No. 496.] JUNE 29, 1907. [SIXPENCE.

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Passim.

WE once more call our readers' attention to the Council Election of the Royal College of Surgeons on July 4th, and would ask Fellows who are associated with Guy's not to forget either the date or the importance of their recording their votes. All Guy's men would be pleased to see Mr. Higgens and Mr. Charles Symonds on the Council, especially as our hospital is at present poorly represented (in numbers) there.

ALTHOUGH the Council is not connected in its work with inter-hospital relations, and the large or small representation of any particular hospital can make little apparent difference to the welfare of that institution, yet it surely, at least, would be a thing to be proud of to know that the number of Councillors representing us had increased. The claims of Mr. Higgens and Mr. Symonds, however, are not great so much for the above reasons, but assert themselves chiefly in the personalities and enthusiasm for their profession shown by our candidates.

THE secretaries of the Pupils' Physical Society desire it to be known that the guest of the evening at the Society's opening meeting next session will be Dr. Gibson, of Edinburgh. Dr. Gibson has made himself so well known already, by the publication of his famous "System of Medicine," that we need hardly say more of him here. The honour of having so great a guest is one which the Society will be justly proud of, and a large gathering of Guy's men of all years is hoped for to welcome Dr. Gibson.

THE Colonial Dinner, which was fixed for June 11th originally, and had to be postponed, is now arranged to take place on July 11th, and the secretary, Mr. Stout, hopes to see a big response to his efforts to make this annual event as great a success as usual. All desirous of attending are requested to apply to the secretary for tickets.

WHO was it said he was sure the clerk of the weather was a woman? We apologize for introducing so hackneyed a subject as the British climate before our readers. As a last forlorn hope, perhaps writing about it some

days before publication will bring about the longed-for change. For the great day of the year is now close upon us, and yet we have never been sure of a dry morning or afternoon with more than half-an-hour's notice this whole year, even at this the usually most settled part of England's summer.

A WET Prize-day must inevitably be a blank and dismal failure. The most brilliant speeches, and the nicest and most charmingly appointed tea-tables, cannot penetrate in the slightest the gloomy and doleful expression of the visitors on Prize-day. The ordinarily clear and well-pitched voice sinks unavoidably to the likeness of the wail of a soul in torment, when the rain comes pattering down outside; and the beautiful terrace, which looks so classic and so comfortable in the sunshine, appears as the hideous lonely den of a Charon or a Tisiphone through the water-laden fog of a drenched atmosphere. For these reasons alone, then, one cannot help hoping for warm and dry days for the success of our Hospital functions.

A CORRESPONDENT writes pointing out that a portion of one of our "Papers for the Newly Qualified," published on June 1st, was quoted in one of the great London newspapers; and further, that the portion selected was one which "caused our profession to be maligned," to use his own words. He goes on to say that he approached the article in the same way as he would a "Lighter Vein" column, not wishing to be rude. Readers of the GAZETTE will probably remember the particular paper, which was written over the nom-de-plume of "Velox." It was defined most clearly as being "mainly cynical," and was, we venture to think, treated so by all who read it in our columns.

OUR correspondent, no doubt, thinks likewise, but is afraid that, without the "cynical" heading, the paragraph is likely to be taken in great earnest by the general public. That surely must be very improbable. The public are broad-minded, and do not believe in things simply because they have seen them in print. Not nowadays. If they did, our profession would not exist, seeing that every ailment, from a corn to a nævus of the scalp, could be cured, in the public's imagination, by one and the same pill.

WE are much indebted to Dr. W. Smith, of Cape Colony, for sending us the interesting case which will appear in next issue. Careful clinical observation in a case of such rarity is welcome, and the notes are worthy of the close study of all.

LAST Thursday's excursion to Earlswood Idiot Asylum proved a most enjoyable outing for those who summoned up sufficient energy to take part in it, and the number of visitors proved very well that most of us, when it comes to a novelty, at least are able to be energetic when occasion requires.

THE party travelled down to the Asylum in specially reserved carriages, and a few minutes' walk from Earlswood Station brought the visitors to the Asylum itself, where Dr. Caldecott received them. The genial doctor led the way to the workshops, and when these had been duly inspected the wards were visited. Then an adjournment was made to the recreation room, where Dr. Caldecott gave a short and interesting lecture on idiocy, each of the visitors being supplied with a printed summary of classification.

AFTER the lecture, tea was done full justice to, and the party returned to town. We owe a debt of gratitude to Dr. Caldecott and his assistants for having so courteously given us an opportunity of visiting the Asylum, and all those who inspected the buildings under the

doctor's guidance will remember with pleasure their first visit to Earlswood.

WE much regret to record the departure of Dr. Bell Walker, who concluded his appointment as Medical Registrar on Thursday. Dr. Bell Walker is leaving shortly for Central Province, Cape Colony. His cessation of office causes a vacancy on the medical side, which Dr. Cameron will fill in October. Till then Dr. Mann will be in sole charge of all the medical reports. Dr. Bell Walker will take from Guy's the kind remembrances of all those who have worked with him, and their sincerest wishes for continued success over the line.

WE note that Mr. A. R. Henry, L.D.S., of Wellington Square, Hastings, was called to the Bar—Inner Temple—on the 12th instant.

ELSEWHERE in this issue we have published, in the "Newly Qualified" papers, a most interesting account of some of the experiences of a Guy's man as medical officer on a steamship. The account given by Mr. Barker shows that one must not go on these voyages with the idea that all play and no work will be the order of the day. A fair amount of spare time on board there will be, no doubt, and opportunity for inspection of the towns, buildings, and surroundings of the countries visited; but the responsibility of the medical officer must always be great, particularly with the type of passengers with whom Mr. Barker came in contact. In addition, there are sure to be some cases, and perhaps many, of diseases seldom or never seen in this country.

A WELL-KNOWN morning paper published yesterday a letter from a correspondent complaining of the reluctance of many doctors to tell the patients and their relations the nature of the illness which they may or may not have diagnosed. Everyone who has worked in the front surgery must appreciate this letter fully. The difficulty of making a diagnosis in medical terms is often great, even when the dresser or other officer knows perfectly well the nature, and often the insignificance of the patient's complaint. How often in these cases did we feel relieved when the patient asked, "Is it anything serious, doctor?" rather than "Please tell me exactly, what is the matter?"

WITH regard to more serious disease, of course, the matter is different. Circumstances must largely direct the medical man's action, and his discretion and tact in this matter will go a long way towards making his practice a success. In grave cases every doctor will probably act differently, though there can be no doubt that, in the great majority of cases, frankness towards the patient's relations with regard to diagnosis is the right and proper course to pursue.

Pass List.

UNIVERSITY OF CAMBRIDGE.—Third Examination for Medical and Surgical Degrees, Easter Term, 1907.—Part I., Pharmacology and General Pathology.—J. H. Ryffel, M.A. (Peterhouse), T. N. Wood, B.A. (Pembroke College), C. S. E. Wright, B.A. (Emmanuel College).

UNIVERSITY OF CAMBRIDGE, June, 1907.—Degree of M.D. conferred.—C. R. Howard, B.A. (Pemb.), G. W. de P. Nicholson, M.A. (Jesus). Degrees of M.B., B.C., conferred.—H. J. Clarke, M.A. (Trin.), C. W. Greene, B.A. (Emm.). First Examination for the Medical and Surgical Degrees.—H. Sharpe, B.A. (Pemb.).

THE EDITOR will, at all times, be glad to consider articles or sketches, provided that they are accompanied by the writer's name and address, not necessarily for publication. Payment is a matter of arrangement, and the fees that the GAZETTE *can offer are merely nominal, but if the writer desires any remuneration that fact should be stated.*

Slight and Moderate Degrees of Cardiac Pain.

DURING conversation with the Editor of the GUY'S HOSPITAL GAZETTE it was mentioned that the subject of cardiac pain is one that occasionally presents puzzling features, and it was considered that a short paper dealing with some of its features might prove of interest. The subject of cardiac pain is one that may be discussed from many standpoints, and affords scope for theory and speculation. It is, however, with the ordinary almost every-day aspects with which pain over the cardiac area may present itself, rather than with what is hidden and difficult to understand, that I propose chiefly to offer a few remarks.

Severe cardiac pain can scarcely, perhaps, be described as a symptom often met with, but slight degrees of pain are frequently complained of in various situations over the præcordial area. These pains possibly, in many instances, are cursorily dismissed under the designation "dyspeptic." That such pains may be connected with dyspepsia is no doubt true, yet that they really commonly originate within the abdomen is probably doubtful. It is early, however, to discuss causation. Some features of cardiac pain may first be considered.

There are, as is well known, certain spots at which pain is chiefly felt. It is not always easy for a patient —after the pain has passed off—to definitely locate the positions at which mild or severe cardiac pain has been felt, yet, in the majority of cases, it will be found, on reading through notes of various cases that have come under one's notice, that there is a remarkable similarity in the situation of the pain as described by patients of almost all ages. It is interesting to note how occasionally even young children will definitely locate the situations at which pain is felt. Mackenzie was, I believe, amongst the first to make careful observations as to the positions of cardiac pain, and Head, it is needless to remark, amongst his extensive investigations has included delineation of sensory areas connected with the heart. As might be expected, the positions in which pain is chiefly complained of correspond closely to focal points of some of Head's sensory areas. The most common position for the complaint of pain is near the inner end of the third left intercostal space, where Head marks the focal point of sensation connected with the third dorsal segment. Another spot for complaint of pain is near the anterior border of the left axilla, apparently corresponding to the focal point of the sensory area connected with the second dorsal segment, though occasionally it appears to be nearer the neighbouring focal point of the fourth segment. Pain is also not uncommonly complained of in the region of the cardiac apex, a spot which seems to correspond to the focal point of the sixth segment. Less frequently, it seems to me, there is complaint of pain on a line with the nipple, close to the left border of the sternum, at a point which is near the focal point of sensation on the fifth dorsal segment.

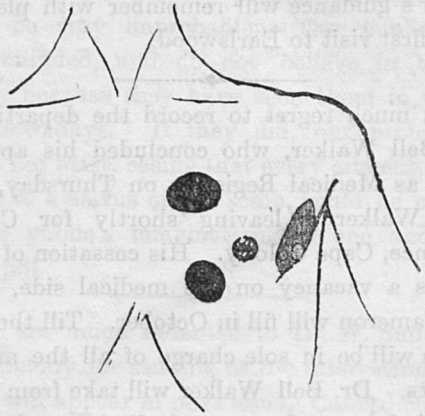

FIG. 1.

Fig. 1 is from a diagram of the situations of complaint of pain over the heart in an anæmic girl, aged twenty. It is taken from notes made between ten and eleven years ago, before I had paid any special attention to the areas marked out by Head. In a general way it may be said to represent the most common sites of pain. The black spot in the situation of the third left interspace, it seems to me, may be said, without fear of contradiction, to be the spot above all others in which pain is most commonly felt, and the one usually most definitely localised by the patient. The oval area, representing pain near the anterior border of the axilla, is a more moveable point. It may be higher up or more within the axilla. Fig. 2 seems to me to be of some interest,

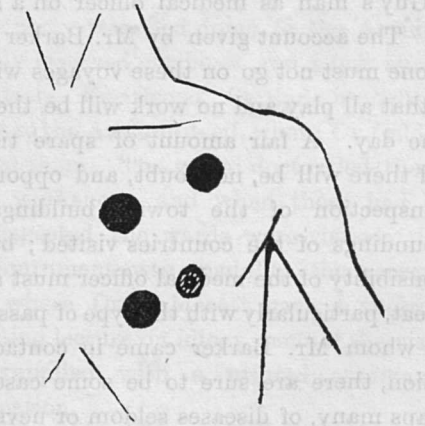

FIG. 2.

since it indicates the points of pain localised by an intelligent child, aged seven. The spot in the third left interspace is here in the usual position, but whether she was correct in localising one position for pain so near the clavicle is difficult to say. Allowing it to be correct, the spot is near the focal point of sensation for the first dorsal segment. The spot near the anterior border of the axilla, in Fig. 1, approximates to the focal point of the sensory area of the fourth dorsal segment.

In many cases, however, it is not necessary to trust only to the statements of the patient as to the sites of the pain. By no means uncommonly there are tender areas to which attention may perhaps be drawn when per-

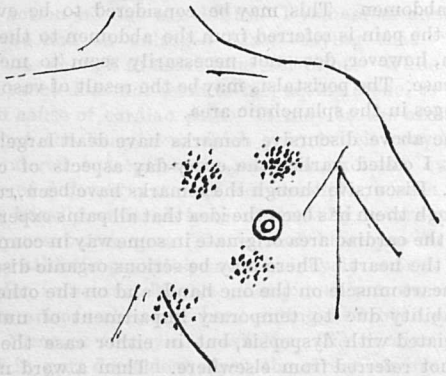

FIG. 3.

cussing the cardiac area. Fig. 3 represents the tender areas over the heart of a woman aged 59. They approximate to the focal points of sensory areas connected with the third, second, sixth, and seventh dorsal segments. Patients may be made conscious of tender areas by the pressure of clothes. Though it seems to me that pain is not frequently complained of in the situation of the focal point of the fifth dorsal segment, there is often tenderness along the left border of the sternum in the neighbourhood of this focal point which may be sufficiently well marked to cause the patient, if a woman, to leave off her corset. When children are affected, complaint of tenderness at certain spots during the daily or weekly wash may draw the mother's attention to these areas. While speaking of these spots of tenderness it may be interesting to mention that pain during swallowing is sometimes noticed by the patient. We may suppose this to be due to a tender area in the œsophagus, or it is even possible that the heart itself may for the time being possess sensation, and food passing over it give rise to trifling pain.

To return, however, to the superficial situations of complaint of cardiac pain, we have cursorily dealt with pain merely over the precordial area. It is scarcely necessary to remark that pain may also be felt elsewhere. There may be pain over the upper dorsal areas at the back of the chest, and then it seems to me that pain is as frequently complained of on the right as on the left side. Pain may also be felt on the inner and sometimes the outer side of the arm and forearm. Occasionally pain or tenderness in the arms may be limited to the inner side of the elbow. Not only pain, but tenderness also may be present in the back, and be especially well marked just internal to the spine of the scapula. It may be situated, like the pain, either on the left or the right side.

Pain, it is needless to say, is a symptom, and, like other symptoms, may indicate various pathological conditions. From the symptom alone it may be impossible to form an opinion as to whether something comparatively trivial or of great importance underlies it. With severe pain there may prove to have been no cause for serious apprehension, while pain to which little attention has been paid may be the precursor of sudden death. Yet, as a general rule, pain of slight or moderate character felt over the cardiac area is not an indication that any permanent organic disease of the heart is present.

Although severe pain may happily often pass away and leave the one who has suffered in sound health, it is well known that in cases which end fatally organic disease of the heart is generally found to be present. There is fibroid degeneration of the cardiac muscle following interference with the nutrition of the heart either as a consequence of atheroma of the coronary arteries or disease of the first part of the aorta obstructing the orifices of these arteries. It may be mentioned in passing that where severe pain is present in aortic valvular disease there is generally also disease of the first part of the aorta leading to degeneration of the cardiac muscle. There are, however, other affections of the heart-wall with which pain may be associated. Pain, and pain which ends in sudden death, may be experienced in hypertrophy of the heart without valvular disease more frequently, it seems to me, when the enlargement is the result of alcoholic intemperance than when chronic granular kidneys prove to be present.

Fibroid degeneration of the heart, it is scarcely necessary to remark, is dependent upon conditions from which recovery is scarcely possible. A more favourable view may be taken of enlargement of the heart without valvular disease, if the exciting cause of the enlargement be removed; and there are other conditions of the cardiac muscle that give rise to pain from which complete recovery may be expected. One of these, but not the most common, is the result of poisoning by diphtheria. For example, a girl aged 7 years, who was seen a few weeks after suffering from diphtheria, was said to have very severe attacks of pain over the region of the heart. The mother said she would suddenly "turn pale and blue and scream with pain," which was located mainly in the third left interspace, but used to "shoot through her." Unfortunately I lost sight of the child, and was unable to learn whether the pain had passed away, although efforts were made to trace her. So far, however, as the neighbours knew, she had recovered, and judging from the rarity with which diphtheria leaves permanent weakness of the heart, recovery may be considered probable. A more common cause than diphtheria of temporary weakness of the heart-muscle with which pain may be associated is chlorosis. This is a very frequent cause of pain which may be felt not only over the præcordial area and in the back, but in one or even both arms.

It has been indicated that cardiac pain may be seen in association with permanent or temporary disease of the cardiac muscle. To progress a step farther, it may be aid that not merely temporary disease of the cardiac muscle, but fatigue, may give rise to similar pain. After

a long bicycle ride, for example, when not perhaps in quite the usual health, there may be—a day, or possibly not until two days later—pain over the præcordial area, especially in the third left interspace. Repeated over-exertion may increase the severity of the pain, and attacks may continue for some weeks or months after the excessive exercise has been abandoned. A medical man who lived in a very hilly district told me that cyclists in his neighbourhood frequently came under treatment on account of pain over the region of the heart. Not only fatigue in the healthy, or what, perhaps, we may call heart-strain, may give rise to pain, but in those of enfeebled constitution pain may arise without any very definite exciting cause being present. As an illustration it may be mentioned that children of pale complexion and lethargic aspect are not very uncommonly brought to the out-patient department of a hospital for treatment, by their mothers, on account of complaint of pain over the region of the heart. In a few of these children there may be swelling of the eyelids on waking in the morning. Not infrequently, but by no means invariably, cyclical albuminuria proves also to be present. There may be symptoms of dyspepsia, but these symptoms are not, as a rule, very obvious. Similar cases, it is needless to say, may be present in adults. Pain is probably especially likely to occur when a neurotic disposition is associated with dyspepsia. This is not, perhaps, entirely due to the fact that such a disposition renders those who possess it more sensitive to pain, but because its possessors are subject to impulse, which leads them to put irregular and often considerable strain on their hearts. For example, a lodging-house keeper, aged about forty, of somewhat excitable temperament, who suffered from dyspepsia, used to experience moderately severe attacks of pain over the region of the heart. After some weeks' rest the pain would disappear; then something in the ourse of her work, such as preparation for fresh visitors, would stimulate her to run about, perhaps needlessly, over her establishment, with the result that she would suffer from a recurrence of the pain. The fact that dyspepsia was present in such a case as this would lead many to say that pain felt over the region of the heart had been referred from the abdomen. Whether this is the correct explanation seems to me to be open to question. When dyspepsia is present it appears possible that the nutrition of the heart may suffer. The heart may be deteriously affected by toxins, and these toxins render it susceptible to influences which give rise to pain.

In passing it may be mentioned that there appears to be a feature common to cases in which cardiac pain is seen following fatigue and those associated with dyspepsia. This feature is what is sometimes spoken of as "low vaso-motor tone." There is not a ready response to needed variations in vascular tension, and during the change of tension there may be degrees of slight or moderate pain. A girl may complain of pain when putting up her hands in order to dress her hair, or a boy may complain of similar pain when he first lifts his arms in performing exercises during drill. In this connection it may be mentioned that a doctor told me of the sudden death of a friend as he was lifting up his great-coat to hang it on to a peg. To return, however, to the complaint of pain during certain movements; at the time of the pain there may be audible peristalsis within the abdomen. This may be considered to be evidence that the pain is referred from the abdomen to the chest. Such, however, does not necessarily seem to me to be the case. The peristalsis may be the result of vaso-motor changes in the splanchnic area.

The above discursive remarks have dealt largely with what I called earlier the every-day aspects of cardiac pain. Discursive though the remarks have been, running through them has been the idea that all pains experienced over the cardiac area originate in some way in connection with the heart. There may be serious organic disease of the heart-muscle on the one hand, and on the other only irritability due to temporary impairment of nutrition associated with dyspepsia, but in either case the pains are not referred from elsewhere. Then a word may be said with regard to "hysterical angina pectoris." Hysteria may aggravate cardiac pain, but in many of these cases it seems to me to be probable that impairment of function of the cardiac muscle underlies the pain. I have met with two cases of angina, which had been called hysterical, following rheumatic fever. Although no murmurs were heard, I cannot but think that in these cases rheumatism had in some way deleteriously affected the cardiac muscle. It may also be interesting to mention in this connection that I have known tachycardia follow rheumatic fever. Of recent years several writers have laid stress upon the influence of rheumatism upon the cardiac muscle. It is a subject to which I paid attention before most of what has, comparatively recently, been published appeared. Yet although I believe in the power of rheumatism to produce lesions of the cardiac muscle, I do not think the microscope altogether explains the deleterious effect upon the heart-wall which rheumatism appears in some instances to possess. Fatty change, when present, is not so great as is frequently seen in diphtheria, yet in diphtheria the heart completely recovers. The influence of rheumatism, although less easy to demonstrate, may be much more lasting.

Hysterical angina pectoris reminds us of another variety of cardiac pain which may be met with in women. In early middle life attacks of severity occasionally occur which pass away. These attacks, like others, it appears to me, are most probably connected with a pathological condition of the cardiac muscle, of the nature of which, however, one can only speculate. Possibly it is in some way related to child-bearing. Not only women in comparatively early life, but young men or men in early middle life, may suffer from cardiac pain. Overstrain of the heart has been referred to above as a cause of slight pain, but cases occur in which such strain at least does not appear to be a recent factor in the production of pain. Inordinate indulgence in tobacco is sometimes spoken of as a cause. I have known a man who had been in the South African War volunteer the

statement that smoking brought on pain over the cardiac area. He added, however, that in Africa he had suffered from typhoid fever, and, possibly not without reason, considered that the fever might in some way have been responsible for the pain. That tobacco is able to affect cardiac action no one can doubt. I remember another man—who had an enlarged heart—saying that "one whiff" was enough to make him feel faint. While this is so, tobacco does not seem to me, acting alone, to be a common cause of cardiac pain. It may be the exciting cause, but the heart over which pain is felt may have been rendered susceptible to such an excitant by influences of different nature. For example, a man who smoked heavily suffered from moderately severe pain. A few years before great strain had been put on the heart by athletic pursuits, such as bicycle racing. He had ridden in several bicycle championship races. The question arises—although hard riding had been given up for three or four years—whether the cardiac pain was not in part dependent upon the strenuous exercise of his racing days. Such strenuous exercise possibly never permanently injures a healthy heart, but it seems probable that it may render the heart more irritable and more sensitive for a varying period. But irritability and liability to pain, however, in all probability eventually pass completely away. We have heard of the irritable heart of soldiers which has been said to be permanent, but in such cases it is difficult to assert definitely that some other cause in addition to muscular exertion has not been at work.

In closing these cursory observations upon a subject that so many readers of the GAZETTE must have had a far larger experience of than myself, it may be interesting to make one brief remark upon cardiac pain occurring in elderly life. It is that even in the aged severe cardiac pain does not necessarily appear to be due to a lesion of the heart-wall that will soon end fatally. An old gentleman of my acquaintance, an unusually finely-built man, at the age of seventy-five, suffered from attacks of pain over the cardiac area, which used to necessitate his grasping some object, such as railings, when walking in the street. These attacks passed away, and he is now eighty-nine years old.

To briefly sum up the substance of the above remarks. Firstly, pains of slight or moderate character over the cardiac area are common. Secondly, the pains are felt chiefly at definite spots. Thirdly, these points are the focal points of sensory areas. Fourthly, the pain of fatal disease is similar in position to that where there is no organic lesion. Fifthly, probably virtually all pain felt over the cardiac area originates in connection with the heart. Sixthly, in cases described as "hysterical" there may be slight disease or impairment of function of the cardiac muscle. Seventhly, in the great majority of cases, however, slight or moderate degrees of cardiac pain merely indicate temporary disturbance of the cardiac muscle. Eighthly, this may even be true of severe pain, and at ages in which organic disease of the heart-wall is a frequent cause of sudden death.

THEODORE FISHER.

To Phyllis.

Until the sun shall cease to make
Its orbit in the sky—
Until the stars their course forsake
And fade from mortal eye—
Until at last we see a moon
Proverbially blue—
Till then, and that will not be soon,
I'll stick to you.

Until the Front is large enough
To hold in very deed
Each Borough lady and each rough
Who come there in their need—
Till private patients are not seen
From twelve to half-past two,
By tens behind a single screen,
I'll stick to you.

Until we choose as registrars
To fill each vacant breach—
Not merely intellectual stars,
But people who can teach—
Until no more post-graduate men
And others nearly through
Obstruct the ward clerks' view—till then
I'll stick to you.

Until we cease to grumble at
Each College joint and sweet,
Ah, Phyllis! I will promise that
I'll worship at your feet.
And so at my inconstancy
You'll never have to chafe,
For by the immortal soul of Guy,
You're fairly safe.

S. S.

Reviews.

The price of books submitted for review should in every case be stated.

First Lines in Midwifery.—By G. E. Herman, M.B., F.R.C.P. New edition. (London: Cassell & Co., Ltd.) 5s. net.

This little text-book, the friend in need of every extern, is too well known to Guy's men to need introduction here. The new edition, which seems even slighter and more condensed than its forerunners, contains little that is new; but it has been brought up to date, and has been entirely revised. Two new illustrations are also included. Dr. Herman has added, in the last chapter, the rules issued for the guidance of practising midwives by the Central Midwives' Board, and he has furnished some useful explanatory notes to these rules. This appendix should make the book doubly useful to midwives, and may even be profitably read by students. The little book is trustworthy and practical, and is well printed and bound.

"Absolute Rot!"

Some Cardinal Points in the Treatment of Superior Protrusion.

DENTAL CLINICAL LECTURE BY MR. MONTAGU F. HOPSON.

GENTLEMEN,—I propose this morning to ask you to join with me in considering one or two points which are of importance when we are called upon to determine the method of treatment in cases of superior protrusion.

You are all perfectly familiar with the condition to which I allude; it is that in which, when the teeth are in resting occlusion, that is to say, normally closed, the upper incisors are so much in advance of the lower incisors as to leave a space between them: the extent of this space and the degree of overlap of the upper incisors may vary considerably.

Now this statement, which is in no sense a definition, brings at once prominently before us the first point to which I wish to draw your attention, viz., the "occlusion." Here is a diagram illustrating the normal occlusion. You will notice that the first upper molar occludes with both the first and the second lower molars, the anterior buccal cusp of the upper molar fitting into the buccal groove of the lower molar, and also that the cusp of the upper canine corresponds to the interval between the lower canine and the first lower bicuspid; in other words, the upper canine articulates posterior to the lower canine. The upper incisors, also, whilst overlapping the lower incisors by about one-third of their length, are in close apposition with them, whilst the outer cusps of the upper molars and bicuspids occlude externally to those of the lower bicuspids and molars. Note, too, the sweep of the arches of both jaws, and observe how they both more nearly approach the Norman than the Gothic type.

Bearing these points as to the normal occlusion in mind, you will compare it with the occlusion presented by the patient whom you are called upon to treat. Now in what respects may it depart from the normal? The first thing which you will notice will, no doubt, be that which the child's parents have noticed, and which in all probability has caused them to seek your advice, viz., that the upper front teeth are unduly prominent. But you, with your wider knowledge, will further investigate the matter, and will direct your attention at once to the relation of the upper first molar to the corresponding lower molar, and that of the upper canine to the lower canine. In a very large percentage of the cases you examine you will find that the occlusion of the lower teeth with the upper is a distal one, the lower canine biting behind the upper canine instead of in front of it, whilst the upper first molar has no relation to the lower second molar, as it should have when the mouth is closed. In other words, the lower teeth articulate a whole tooth back of normal. You will be careful to examine the bite on both sides of the mouth, because although this state of affairs, when present, is usually bilateral, it may be only unilateral.

Now examine the occlusion of the incisors. We saw here that normally the uppers should overlap the lowers by about one-third of their length, not more, and should also be in contact with them. But in the case you are examining you will probably find that in addition to the upper incisors being very much in advance of the lower, they overlap them, when the jaws are shut, by nearly their whole length, and if you were able to look at the condition from behind, you would find that the lower incisors were biting hard down, either on the necks of the upper front teeth or on to the soft tissues just behind them. In other words, we have to deal with what is known as a "squash" bite. The lower incisors, being bunched together at their roots, their crowns tend to assume a position corresponding to the ribs of an open fan; they are also raised to a level far above that of the back teeth, which either have very short crowns or have not fully erupted. This is, however, by no means the state of affairs present in all the cases of prominent upper front teeth which will come under your notice. There may be no distal occlusion of the mandible, no squash bite, and no marked overlapping of the upper and lower incisors.

You may find, however, that the lower incisors lean inwards, whilst the four upper incisors project forwards and have wide intervals between them, viz., are spaced; indeed, the upper and lower incisors may not meet when the mouth is closed, the bite, so far as they are concerned, being an "open" one.

But even now you have not all the points you need for comparison with a normal occlusion, for you have been confining your attention to the mesio-distal articulation only, whereas it is of the utmost importance that the buccal occlusion should receive full consideration also.

Therefore, your next step will be to obtain accurate models of the mouth, and let them be models not only of the teeth, but of as much of

the alveolar process as you can obtain in your impression as well. There is no doubt that plaster of Paris will give you the most faithful mould, but if you are dealing with a small nervous patient who has not yet had time to gain that confidence in you as you may hope to secure later, "compo" impressions will serve your purpose quite well. When the models have been cast you will be able to consider the buccal occlusion both from within and from without at your leisure, and looking at the sweep of the arches you will almost invariably find that they are contracted, the upper often even more so than the lower.

It has been found by measurements that whereas the breadth-index of a normal arch averages about 110 m.m., that of an arch associated with superior protrusion averages about 96 m.m. The breadth-index is arrived at thus: A line is taken from the mesial incisal edge of the upper central incisor back to the middle of the posterior border of the first molar, and the width is measured across from the most prominent external points on the first bicuspids, then $\frac{\text{width} \times 100}{\text{length}} = \text{breadth-index}$.

The narrowing of the arch in the upper may be very marked in the bicuspid region, the outer cusps of these teeth occluding inside the outer cusps of the corresponding lower teeth, instead of external to them. Both arches are, however, usually narrowed, and it is no uncommon thing to find the second lower bicuspid on one or both sides either displaced lingually or wedged and held down between the first bicuspid and first molar.

But there are other points besides the degree of departure from the normal occlusion with which you must acquaint yourself before you can properly determine the method of treatment, and the most important of these is facial contour.

It is quite out of your power by any known method of orthodontic treatment to alter the contour of the upper half of the face, but you can do a great deal to bring the lower half of the face into harmony with the upper. So that you need to study the face, both in repose and when the facial muscles are in action, very carefully.

The Greek artists have handed down to us a type of classical beauty with which we are all familiar, a type which impresses us at once when we see it, because so few individuals possess it.

When we examine this type in profile, we find that there are certain points which are in harmony with a straight line let fall from the frontal eminences; these are found at the middle of the ala of the nose, the lips, and the mental eminence. When these points are in line we have the ideal profile. But it is not only the profile of an individual with which we are acquainted; you must also take into consideration the possible effect of a widening or narrowing of the lower half of the face in relation to the upper half.

A certain proportion of the patients who come to us for the treatment of superior protrusion possess a type of face which is long and narrow, and it would be an obvious error to convert a long and somewhat narrow oval face into one which might be compared to a truncated isosceles triangle. So that when we are paying attention to the correction of the profile we must not neglect to consider the possible results of our treatment in relation to the full face.

Bearing in mind the ideal, both in the matter of occlusion and of facial contour, and having carefully examined the case, and made a diagnosis as to how far the conditions as presented to us, and in what directions, depart from that ideal, we shall then, and not until then, be in a position to think out our line of treatment.

Let us first of all deal with the squash bite, and the long, upstanding, fan-spread lower incisors. In the great majority of cases this, in my opinion, is best dealt with first, although in some instances it will correct itself as some other part of the treatment progresses. I shall now only deal with two methods of correction. This bunching of the incisors is due to the narrowness of the arch and to the lateral impingement of the crowns of the lower canines, which during development are directed inwards on the roots of the incisors. To overcome this crowding, Colyer has suggested and practised the extraction of one of the centrals. This relieves the pressure, and, no doubt, as his cases show, allows the three remaining incisors to drop to a lower level, but it is a method of treatment which does nothing towards raising the bicuspids and molars, which, as we have seen, are commonly but partly erupted; it also reduces the size of an arch which was already contracted. A far better plan is to insert a bite-plate, adapted to the upper, which, whilst leaving the back teeth absolutely free to rise, will throw all the bite on the lower incisors, and so tend to depress them in their sockets, a result which is usually very quickly achieved.

Now for the next step. We have seen that the arches are nearly always narrow, and that at once suggests expansion, and, mark you, not of the upper arch only, but of the lower also. It used to be routine practice to regulate the upper teeth with practically no regard to the lower, but we know better now, and are convinced that the lower arch is in a great measure the key to the form of the upper. It is not my intention in this short lecture to deal fully with appliances, but I may say, in passing, that where considerable expansion is necessary, I personally prefer plates of the Read type—that is to say, a split plate with a fine-threaded screw—for expansion, to an expansion arch of the Angle type, to which the teeth are ligatured. For it seems to me that with a plate you get a truer expansion of the bony structures of the maxillæ and mandible respectively, whilst an Angle arch is invaluable for the finer adjustments subsequently necessary. How much do you expand, you will ask. Some one has suggested that the width of the arch may be gauged from the width of the central incisor, giving the width of the arch across the bicuspids as 5½ times the width of the central at its cutting edge, and it is true that this will work out practically correct with many what we may regard as normal arches. Let it, however, suffice to say that the widening must be of sufficient extent to allow of all the teeth being brought into proper occlusion.

But in all the cases the upper incisors are protruded, and in many there is also distal occlusion of the mandible, so it is obvious that the incisors must be retracted by the Angle, or one of the other methods in vogue, and if there be distal occlusion, the mandible must be advanced and the bite, as we say, "jumped." This is best accomplished by reciprocal traction, such as is obtained by using the "Baker" anchorage, so called. To each jaw an external Angle arch is securely anchored, and the reciprocal traction made by strong rubber bands on either side, which are attached to the arch in the upper jaw in the region of the canines, and to the lower arch in the region of the molars. It is one matter, as you know, to jump the bite, and quite another to retain it in its jumped position; the younger the patient and the more pronounced the cusps on the teeth, the greater the chance of retention. Granted that you have succeeded in doing this, what have you achieved? You have put all the teeth into normal occlusion, the position which Nature intended them to occupy, and the position in which they alone can fulfil their full function, and which will in a measure protect them from caries by affording the least possible opportunity for food packing, there being no crowding or displacement of the teeth. Further, you will have restored the facial harmony by advancing that receding chin and lower lip, at least in profile.

Is it, then, never advisable to extract teeth in the correction of superior protrusion? Yes, gentlemen, it is advisable in certain cases to extract, but not in nearly so many cases as some of the text-books might lead you to suppose. Many valuable teeth are recklessly sacrificed for this purpose.

Nature does sometimes make a mistake and give us teeth which are too large for the jaws to properly accommodate, just as she sometimes, conversely, gives us teeth which are dwarfed in size or wanting in their full numerical complement. But what still more uncommonly happens is this. The originally conceived plan was perfect, and it worked well with the first dentition. Nature laid down her plan, got her materials together, and set to work to make the first teeth and the jaws to accommodate them, with very little outside influence or interference. But she knew that these teeth were for temporary use only, and by a law over which she had no control, only eight weeks after she had commenced to make the deciduous teeth, she had to put on order the first of the permanent successors—that is to say, six years before it would be wanted. No doubt she knew then the size of the jaws she intended to build to accommodate these permanent teeth, but she was handicapped by having to order these teeth so long in advance, because once decided upon, the size of their crowns, at any rate, could not be altered, whilst the size and shape of the jaws were subjected to modifications due to outside influences. So that her beautiful plan could not be carried out. I am not concerned now with the nature of these outside influences, be they obstructed nasal respiration, improper food and feeding, etc.; they, however, did their work, and when the teeth as originally designed were finished and moved into position, it was found that there was no room for them, and they had to arrange themselves as best they could. But the same outside influences also modified the design of the other facial bones, and we have a facial contour quite different to that which Nature intended to go with the teeth.

So that although it is possible to retain all the teeth and correct their occlusion, you may by so doing expand the jaws to such an extent as to throw the lower half of the face out of

harmony with the upper. I have seen cases so treated which, judging from the models of the mouth alone, might be regarded as a success, whereas the patient had the appearance of wearing full upper and lower gum section cases three or four sizes too large.

Or, again, you may have to modify your methods on account of the physical condition of the teeth themselves, or because some of them have been lost already. But unless the facial contour demands otherwise, all teeth which are saveable should be retained by filling or crowning.

Should it be deemed advisable to extract, the first bicuspids—the other teeth being saveable—should be selected, always remembering that it is of the utmost importance to retain the first molars.

When it is our good fortune to have the care of a mouth from the time of the first dentition onwards, the possibility of superior protrusion may often be diagnosed quite early, and steps must be taken at once to prevent it by keeping the dental arches expanded, and thus affording room for the permanent teeth as they erupt, and assuring the correct occlusion of the six-year-old molars from the time of their appearance by advancing the mandible if necessary.

I need not emphasize the importance of retaining the temporary teeth until their successors are ready to take their places, whilst any post-nasal and pharyngeal obstruction, when detected, should be referred to a surgeon for the necessary treatment.

Papers by Guy's Men.

A Clinical Lecture on Referred Pain and its Diagnostic Value. By David Forsyth, M.D. Lond., M.R.C.P.—*British Medical Journal*, 22nd June, 1907.

Porcelain Restoration of Front Tooth Corner. By J. B. Parfitt, L.R.C.P. Lond., M.R.C.S., L.D.S. Eng.—*British Dental Journal*, 15th June, 1907.

A Case of Large Papilloma of the Ovary. Under the care of W. M. Robson, M.D. Lond., and P. N. B. Odgers, M.Ch. Oxon., F.R.C.S. Eng.—*The Lancet*, 15th June, 1907.

Progress of the Medical Sciences—Obstetrics. By Walter C. Swayne, M.D. Lond.—*The Bristol Medico-Chirurgical Journal* for June, 1907.

Eighty Cases of Lupus Vulgaris. By W. Kenneth Wills, M.D. Cantab.—*Ibid.*

Papers for the Newly Qualified.

VI.—On a "Blue-funnel" Boat.

MANY men, on obtaining their qualification, are at a loss what to do, and may be at the same time run down in health after their fight with the hospital atmosphere and the examiners. For such, especially if there is no urgent desire to settle down at once, a voyage abroad as surgeon to a ship is one of the most desirable methods of regaining health, enlarging the mind, and putting a little money into one's pocket.

It was with such an idea that I began to study the advertisements of shipping agencies, and perhaps the experience then gained may be of service to readers of the GAZETTE.

I soon found that it was almost useless (even with the necessary influence at one's back) to try for a port on the big mail boat services, such as the P. & O., R.S.M.P., Union-Castle and White Star lines. All these require the candidate to have served a house appointment, to be over twenty-six years of age, and to sign on for at least one year.

Even then he may have to wait some months for a boat, though in no trade are appointments made with such rapidity. An offer of a boat leaving in two or three days for a six months' voyage is nothing unusual, and the offer will probably come by wire, and require an instant reply!

Of the other lines, the Elder Dempster, Aberdeen, Bibby, Marine Cable Co., Lamport and Holt, and Alf. Holt all possess good boats, and the first three lines carry passengers. But I cannot recommend too highly the well-known "blue-funnel" boats of Alf. Holt's Ocean S.S. Company. This line possesses some of the biggest and best-equipped cargo boats in existence, and a surgeon who can make himself agreeable with his fellow-men should have a delightful trip.

The Medical Superintendent spares no pains to consult the interests of the surgeons he appoints, and the salary (about £10 a month) is as good as that on the largest mail boats, while the expenses are almost nil. The drugs and medical appliances supplied are well thought out, and the surgeon need not trouble to provide anything except his instruments and a few hypodermic drugs. The destination of the boats is very variable, and a man could go eight or nine voyages on the same boat, and see new

places every time. Nearly all the boats run out to Suez, and then visit Singapore, Hong Kong, Shanghai, the ports of Japan, Canada and the States, Australia, Java, Manilla, Saigon, and other places. The length of the voyage varies, with the places visited, from three and a half to seven or eight months.

Comfortable cabins are provided for the twelve officers, and the total crew will number about sixty-five, of whom half will be Asiatic firemen. So long as these are all there are on board, the doctor's duties are light, and an official inspection of the ship in the morning, with the administration of aperient medicines, may be the sum total of his work for days together.

But here comes the interesting part of the trip from the doctor's point of view. These "blue-funnel" boats have the monopoly of the pilgrim traffic between Singapore and Jeddah (the port for Mecca), and they also carry large numbers of coolies to and from the China ports. Consequently there may be a thousand or more persons on board, whose health is the doctor's care.

It was my fortune to take a trip on one of these boats at the season when the pilgrims were returning home from Mecca. Consequently we put in at Jeddah (a place strongly guarded by coral reefs and sharks), and received nine hundred and fifty persons on board. They came off in Arab dhows one hot afternoon, and the struggling masses below thinned out into single file as they passed up the gangway with their luggage. Plague and small-pox had appeared on shore, so a careful inspection of them all was necessary. But the possibility of such a thing seemed doubtful to me, accustomed as I was to the thorough methods of the Front Surgery. Following the usual custom, however, I stationed myself at the head of the gangway, with the Purser and Chief Officer near me, taking tickets, and the latter keeping order in stentorian tones. Two of the crew kept a watchful eye on the luggage, and pounced on anything that might contain water. The latter was forbidden to be brought on board, as being a fruitful source of cholera, but many lamented loudly the loss of holy liquid carefully carried all the way from Mecca.

The inspection resolved itself into an examination of the glands and skin, and the detection of fever by the sense of touch, and by pulse and tongue. Only diseases subject to quarantine are forbidden, so many were carried on board in the last stages of starvation and exhaustion.

First come, first served, and as soon as each pilgrim was passed, he rushed off with his luggage to peg out his claim, so to speak, of sixteen square feet on the deck or in one of the 'tween decks. Many disputes arose between the contestants for certain favoured spots, and it was not until the sun of the following day was well up in the sky that a semblance of order and quiet was obtained.

The ship provides water and wood, and the pilgrims bring their own food; so on the first two or three mornings a march past is held, and while the officers give out and inspect tickets, an opportunity is given to the doctor to re-examine the passengers.

My first case occurred at dawn of the first day. A pilgrim came along with the information that a man was "mati," so I went with him to discover what "mati" might mean. We descended the ladder into the darkness of a 'tween deck, and after much groping past sleeping forms and numberless boxes, we reached a man whom a mere glance showed me to be dead. A more wasted individual I had never yet seen, and I realised the true force of the expression "skin and bone" as applied to this case. Rarely did a day pass without at least one death, in the main due to old age and the privations of the pilgrimage.

It is the duty of the first mate and doctor to inspect the whole of the pilgrims' quarters every morning, and during this round the smells encountered were as varied as they were unpleasant. A three years' residence close to Lazenby's factory in Trinity Street had somewhat hardened me, but I well remember the mate making a sudden and wild rush from a dark corner of the hold in search of pure air. The smell pervaded the whole ship, and was a mixture of perspiring humanity in dirty clothes, opium, garlic, onions, and dried fish. The ten gallons of strong carbolic which we used up every morning seemed to have no effect on it whatever.

The doctor is very much handicapped in the treatment of these patients. In the first place, it is impossible to get a history of their illness or a description of their symptoms. This is due to ignorance of their language, and also to disinclination on the patient's part to speak at all. Secondly, they decline to be treated! These poor deluded Mahommedans believe that if they die on the pilgrimage they will get a front seat in heaven, and are therefore quite willing to die. At the same time, they do not see the necessity of being possibly poisoned by a white man's medication! Some appeared to

have taken a vow to drink nothing but water, for I found it much easier to administer solids than liquids.

It was unfortunate for them that they always insisted on chewing up the quinine tabloids and cascara pills, for they cannot have experienced a gastronomical treat! Every morning and evening the ship resounded with cries, as the pilgrims chanted their prayers and the Koran in a nasal tone, prostrating themselves time after time on their prayer mats. One night an old man of about eighty succumbed in one of the 'tween decks, and, as he died, a baby was born into the world not three yards away. The mother of the latter—a mere girl—was ill, with temperature and rapid pulse, for the rest of the voyage, but all attempts at treatment of any kind were strenuously resisted. Of other cases there were several interesting skins, and a few beri-beris—at least two of the deaths being due to this complaint. The impossibility of treating beri-beri successfully may be realised when the crowded condition of the ship, and the refusal of the patients to take advice, are taken into consideration.

The journey from Jeddah to Penang took us fifteen days, and on the last day three cases of small-pox appeared. The result, of course, was quarantine on arrival. All the pilgrims were crowded on to lighters and landed on the isolation island, and their quarters disinfected with hose and sulphur. That done, we were allowed to take on a fresh batch of pilgrims to Singapore. At Singapore we took on board about nine hundred coolies and their families for transport to Hong Kong. These do not give so much trouble on the whole, but a sudden death is not unusual. This is often due to poisoning, as a result, in many cases, of gambling and the greed for another's money. The Chinese appear to be inveterate gamblers, and may be seen squatting on the road or river-side playing cards at midnight by the light of the moon. When one dies on board, his friends, unlike the Malay pilgrims, decline to bury him, and this has to be done by the crew. Formerly, coffins were provided by a philanthropic society in China and the bodies carried home to their own country. Then the doctor had the pleasant duty of embalming them! This custom, however, seems to have lapsed nowadays.

On the return journey there is a possibility of having naval and military invalids on board, and, should this be so, there will be a welcome addition to the doctor's pay. The number of ports called at *en route* gives the surgeon a splendid opportunity of seeing other lands and peoples, and his duties enable him to go ashore much more frequently than the officers. Their experience, however, is of great value, quite apart from their companionship, in avoiding the numerous pitfalls placed in the way of a newcomer in eastern lands by sampan and 'rickshaw men, and a whole race bent on getting the better of him.

In conclusion, I feel sure that all those who have taken a voyage as ship's surgeon will join me in advising others to do the same, and, to all who do so, I would add the advice, "If you decide on a cargo boat, choose a 'blue-funnel.'"

F. A. B.

Guy's Hospital Swimming Club.

The Second Annual Entertainment was held at the Southwark Baths, Lavington Street, on Friday, June 14th, at eight o'clock in the evening, and was voted by everyone present to be a great success, although the poor attendance of spectators was rather disappointing. Those who were present witnessed very keen competition in all the events. Especially good form was shown by Glover, a freshman, in the 66 Yards Scratch Race, by King in the Quarter-mile, and by Henderson, who plunged nearly fifty feet; and the performances of Schlesinger and Pryce Davies in the neat diving competition was much applauded.

Disappointment was caused by the President's announcement that the Ladies' Invitation Race had to be cancelled, and it was also unfortunate that, through the scratching of one of the teams, the Water Polo Match had also to be abandoned. However, two additional items were added to the programme in the form of a tournament on floating horses and a greasy pole competition, in both which Vernon Taylor showed great skill. Details:—

66 Yards Handicap Race (final heat).—G. B. Pritchard (5 secs. start), 1; H. H. Glover (2 secs.), 2. Net time of winner, 47⅗ secs.

Long Plunge.—H. J. Henderson, 48 ft. 4 in., 1; J. Pryce Davies, 46 ft. 10 in., 2.

66 Yards Scratch Race (final heat).—H. H. Glover, 1; G. B. Pritchard, 2. Time, 46⅘ secs.

Quarter Mile Scratch Race (final heat).—L. A. B. King, 1; G. B. Pritchard, 2; M. Pern, 3. Time, 8 min. 15 secs. In a sealed handicap decided in this event M. Pern, 40 secs. start, was first. The distance of the race was 462 yards. King swam away from the first, and went strongly throughout, winning easily by nearly a length of the bath.

NEAT DIVING COMPETITION.—E. G. Schlesinger, 1; J. Pryce Davies, 2.

DRIBBLING A POLO BALL (33 yards).—H. H. Glover, 1; W. T. Clarke, 2.

OBSTACLE RACE (66 yards.)—S. McK. Saunders, 1; H. H. Glover, 2. This race caused much amusement, the obstacle proving altogether too much for some of the competitors, whose strength failed them after repeated attempts to climb up the rope ladders.

FULL CLOTHES RACE.—H. H. Glover, 1: W. T. Clarke, 2. In this race every style of clothes and hat was worn, and the row of starters before entering the water was picturesque in the extreme.

CONSOLATION EVENT (Greasy Pole).—A. Vernon Taylor.

At the conclusion of the programme the prizes were presented by Lady Fripp, who was received with great applause. Although she preferred not to make a speech, Lady Fripp had a quiet word of praise and encouragement for each prize-winner and a smile of thanks for those cheering, which said as much as any speech could, and put the finishing touch of success to a very pleasant entertainment. Many thanks are due to Sir Alfred Fripp, Mr. Rowlands, Mr. Steward and Dr. Allport for their assistance in judging and starting the various events.

Appointments.

The Treasurer has sanctioned the following appointments and reappointments in the Medical and Dental Schools:—

Demonstrators of Practical Dentistry with charge of the Revision Classes.—Messrs. E. B. Dowsett, F. J. Pearce.

Demonstrators of Practical Dentistry with charge of the Probationary Classes. — Messrs. H. P. Aubrey, J. E. Spiller.

Operative Demonstrator of Practical Dentistry.—Mr. H. Chapman.

Demonstrator of Chemistry and Organic Chemistry.—Mr. Ball.

Demonstrator of Biology.—Dr. Stevens.

Demonstrators of Anatomy.—Messrs. Turner, Mollison, Thompson.

Clinical Analyst to the Wards.—Mr. Ryffel.

Curator of the Dental Museum.—Mr. Dowsett.

Demonstrators of Physiology and Dental Microscopy.—Messrs. Ryffel, Laidlaw.

Medical Registrars.—Dr. Mann, Mr. Cameron.

Surgical Registrar.—Mr. Bankart.

Obstetric Registrar.—Mr. Davies-Colley.

Anæsthetists.—Messrs. Turner, R. Davies-Colley.

Medical School Appointments.

The following appointments have been made by the Treasurer upon the recommendation of the Medical Council:—

Clinical Assistants.—Messrs. M. M. Earle, G. W. Goodhart, C. E. M. Jones, C. F. L. Leipoldt, C. B. Ticehurst, R. R. Walker.

Dressers in the Throat Department.—Messrs. C. A. Basker, H. J. Henderson, S. McK. Saunders, E. P. H. Joynt, H. F. Joynt, R. G. Chase.

Surgical Ward Clerks.—Messrs. W. S. Kidd, W. L. Hibbert, D. A. Mitchell, C. Weller, W. H. Catto, C. C. Tudge, W. E. Williams, W. Reynolds, H. L Attwater, F. D. Saner, W. Ledlie.

Assistant Surgeons' Dressers.—Messrs. W. T. Clarke, F. Kahlenberg, G. F. Haycraft (Sir Alfred Fripp); L. Bromley, H. L. Duke (Mr. Steward); J. R. Perdrau, V. T. P. Webster, J. L. Atkinson (Mr. Fagge); H. F. Percival, A. A. Greenwood (Mr. Rowlands.)

Medical Ward Clerks.—Messrs. H. R. Bastard, R. G. Oram, M. M. Adams, F. C. V. Thompson, F. R. L. Atkins, M. M. Cowasjee, S. J. Darke, R. A. Rankine C. A. Wood, A. E. P. Cheesman, T. F. Brown, H. B. Kent, C. G. Sprague, A. R. Khalakdina, A. L. George, A. H. Crook, L. W. Evans, C. C. Holman, C. M. Plumptre, A. D. Williams, N. A. D. Sharp, C. H. Crump, E. L. Elliott, A. L. Fitzmaurice, C. Witts, H. Steinbach, T. J. Killard-Leavey, A. G. H. Burton, P. C. Field, J. L. Johnston, G. H. Peall.

Post-mortem Clerks.—Messrs. F. W. Hogarth, A. H. Crook (July 1st.)

Clerk in the Skin Department.—Mr. T. F. Brown.

Aural Surgeon's Dresser.—Mr. H. F. Joynt.

Obstetric Dressers.—Messrs. H. E. Perkins, L. T. Baker, M. R. Dobson, J. F. Young (July–August) (Dr. Horrocks); Mr. S. H. C. Air (July–August) (Mr. Targett).

Pathological Assistant to the Surgical Registrar.—Mr. R. R. Walker.

Civil.

REY, JULES F., M.R.C.S., L.R.C.P. Lond., L.D.S. Eng., has been appointed Medical Officer for the Dinas Powis, Wenvoe, and Landough Post Offices.

Naval.

Staff-Surgeon S. CRONEEN, R.N., has been appointed to the *Forward*, and Staff-Surgeon J. C. J. REED, R.N., to the *Charybdis*.

Change of Address.

Dr. A. Douglas Crofts, from the College, Guy's Hospital, to 26, King's Road, Windsor.

Mr. A. F. A. Howe, from the Southern Command, Salisbury, to Military Hospital, Curragh Camp, Co. Kildare.

Dr. C. J. Morton, from 56, Oxford Road, Walthamstow, to 8, Welbeck Street, Cavendish Square, W.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

In Lighter Vein.

In view of the coming influx of visitors, it is deemed advisable to publish a

SHORT GUIDE TO GUY'S.

Part I.—Surgical and Anatomical.

Entering the spacious court facing St. Thomas' Street, the inquisitive intruder is welcomed by a magnificent statue of Thomas Guy, the founder of the hospital, ever inviting, in a quiet and respectful attitude, the hurt and the halt, the hale and the hearty, to enter and try the treatment. The style of the court is debased perpendicular (very debased).

Passing up the broad steps at the end of the front court one enters the spacious portals which give entrance to the Colon-aid, so called because colons are removed, while you wait, just above. On the right is a porter, and a lodge, and a letter-rack where telegrams lie and regret their hurry for days and days. Sometimes the owners of these telegrams will find themselves invited to dinner last Monday; on Oaks day one guileless youth found himself advised that Orby would win the Derby.

On the right, again, is a board displaying, each afternoon, the list of starters. In the morning and evening it is generally a walk-over for a registrar.

At the other end of the Colonnade are the accident wards. On the left is Astley Cooper, named after a man who has his portrait in oils in the dining room, and who once tied a radial artery. He was called "Corny" by Thomas Guy, and this name has been given to the ward on the right.

Surgical Side.

Entering the luxuriously-cushioned elevator on the right, the visitor touches a button. He then touches it again. He then leaves the elevator and ascends by way of the stairs, which are conveniently placed near by. On ascending to the second floor, there is a ward named Naaman, in honour of Sister Naaman. A board there will warn visitors not to enter the ward between 12 and 2.

Immediately opposite Naaman door is the old operating theatre. A most capable and talkative director rules this department, and permission should be obtained from him to view the antiquities in the glass cases. His portrait, by one Jarge, can be obtained from the Librarian.

On the floor above are the Septic wards and the light department. Various surprises and shocks here await the curious. For some unexplained reason this is occasionally called the quackery department.

The Sala Anatomica.

This is one of the oldest and finest in London. The spacious hall is built in early Georgian style, but with modern improvements and restorations. The tables are striking in their rude simplicity.

The inmates may be roughly divided into the living and the dead—rather, the living cut the dead; they also frequently cut classes, and the demonstrators are thereby rather cut up.

A study of the frescoes which adorn the hall will well repay the studious. Study of a head (of a femur) by Thompson, justly esteemed for its vigorous line drawing and excellent composition. The Scaleni, by Mollison, one of his finest impressionist sketches. West wall, the fifth nerve, by Peall, highly imaginative.

In the Turner room: The Aorta and other vessels, probably by Turner or one of his pupils. Its brillanté of colouring lends support to the view that it is a genuine Turner.

Dignity and Impudence, a sketch of the liver and gall-bladder *in situ*. No name known.

Apply Hancock.

On Tips.

There was a time when I believed in tips. When the terrors of an on-coming examination circumvallated my mind, and there appeared no way out of the difficulty attending the memorising of endless lines of cases, the advice of the wicked found favour with me. "Why don't you try tips?"

So I tried tips. "When a serried army marches in array through the snow," "On the night of the twentieth the verdict was given," and other similarly simple yet astute sentences (which were supposed to give, in brief crystallised form, the leading points in learned law cases), I committed to memory. It was excellent mental exercise, and the vigorous chanting of such refrains, varied with a distich which was intended to give all the necessary information about the celebrated affair of Regina versus Somebody or Something, impressed my landlady (and myself) with the idea that I was getting along swimmingly. The method had its drawbacks. At the critical moment there arose an agonising doubt as to what the "S" in "Selfish men will inevitably be damned" stood for. Was it "sequestratio" or "separatio"? Then, too, there would occur a maddening involution of sentences. The serried

army would give the verdict in the snowy night, while the twentieth of June would march in array. "Double nationality" would play hide-and-seek with "domicile," while the intricacies of real estate and the law of contract would become so jumbled and confused that in no manner of means could they be right sorted out.

There are some tips which are worse than the information they attempt to mnemotechnise. Thus my tipster at law had a subtle wheeze for remembering a certain highly cryptical answer to a conundrum which he assured me examiners were always itching to ask the unlucky examinee in Roman-Dutch law. The question was somewhat as follows:—"A marries B, and by her has children, Z and Y. B dies, and A subsequently marries, in England, M, a widow, who has children, P and R, by a former husband, X. A and M have one child, a girl, O. (Three more lines about the matrimonial histories of A, M, O, Y and R, in which an estate in England, a farm in Java, and a cow in the Netherlands are brought in, and A's will is made out to be the work of a particularly inane individual, ending with an invitation to the candidate to apportion to the several legatees their shares in the said cow, farm and estate.) The mnemonic by means of which all this was to be remembered, presupposed, on the part of the memoriser, the ability to draw a cow on a piece of paper, to join the animal's legs by straight lines crossing each other at peculiar angles, and to appropriate certain axiomatic truths in Euclid for an elaboration of what my tipster was pleased to call "a simple and fundamental calculation which will fix the whole thing in your mind." I never correctly understood the question, and I have never found anybody who could understand the tip!

In the dissecting-room, tips are as common (and as useless) as pebbles on the seashore. It is true now and then one lights on a really good thing, as on occasion one finds a moss agate or a bit of malachite which is worth the trouble of polishing on a lapidary's leaden wheel. But usually the tips of the dissecting-room are more stumbling-blocks than helps. They put one in mind of the various much-vaunted systems of memory training--Loisette's, Pelham's, Marking's, Dale's, and the rest of them. To the man who has time and inclination to learn a new method of exercising his cerebral centres such systems may be useful. Some men are born with a faculty for exercising a particular centre. Hippocrates tells of one Cnæus, who was able to rattle off after an auction the name, price, purchaser, seller, and details of every article sold. Plato somewhere speaks of one who could repeat the longest verse when slowly recited to him. Both these were "mnemotechnicians"—that is to say, they remembered things by means of tips, and not because they happened to possess a naturally retentive memory. Natural gifts of such memorising are not unusual. Macaulay and Rossetti were examples, and at present Datas is a shining light. Datas told me that all his information was originally got out of Haydn's "Dictionary of Dates," which he used to read "for fun." Since then he has increased his stock of text-books by the addition of "Whittaker's Almanac," "Who's Who," and the Turf Manuals.

But this is digressing. Let us return to our dissecting-room tips. Doubtless most of them are invented by their users, but it is surprising to find how many of them can boast quite a respectable antiquity. In 1586 an Italian gentleman wrote a small treatise on medical tips, and about a hundred years later an Englishman named Blackburn found it sufficiently curious to translate. Blackburn's book contains some interesting general tips, for in those days the medical student was supposed to have some more or less encyclopædic knowledge. Thus it gave that valuable old tip (one of the few really useful ones that mnemotechnicians have invented) for remembering the rules of the syllogism, another for the "fallacious conclusion" in logic, and another "for memorising extracts from Maimonides!" His anatomical tips are mostly osteological, and for present day purposes practically valueless.

It is interesting to find that some great teachers made a point of shortening their information. They supplied it in tabloid form, almost in the shape of tips. French medical students still hold by a tip, said to have been invented by Desault, for remembering the arteries of supply to the hip-joint, and at one of the continental hospitals you may find a tip (almost a yard long) for remembering the conditions under which colotomy is likely to be performed. Some of these elaborations surpass by far the simple, childlike combinations, such as "Oh, pray little bones, say can I master you?" "Some men, etc.," and that gem of anatomical tips (combining, as it does, a knowledge of anatomical relations, of historical fact, and of biography!), "Timothy doeth vex all very nervous pupils."

(*To be continued.*)

Sport.

Cricket.

GUY'S v. SURREY CLUB & GROUND.

This match was played at Honor Oak Park, and lost. *Rushby took 6 wickets for 34 runs.* Scores :—

SURREY CLUB AND GROUND.

Baker, run out	2
Platt, c Archer, b Kahlenberg	105
Goatley, c Lee, b Kahlenberg	13
Hon. S. R. Beresford, c Young, b Tooth	30
Ducat, b Kahlenberg	91
F. Odell, c Lee, b Young	14
Vigor, b Kahlenberg	3
Rushby, c Smith, b Kahlenberg	0
A. G. Maestray, c Kahlenberg, b Tooth	19
T. P. Francis, c Munden, b Kahlenberg	15
Edwards, not out	1
Extras	12
Total	305

GUY'S.

Munden, c *Beresford*, b Rushby	17
Saner, c Goatley, b Edwards	7
Smith, b Rushby	10
Bromley, b Rushby	0
Archer, b Rushby	5
Lee, c Beresford, b Rushby	7
Covell, c Platt, b Rushby	8
Young, run out	0
Kahlenberg, b Edwards	12
Tooth, *not out*	8
Clarke, absent	0
Extras	9
Total	83

GUY'S v. THE WANDERERS.

This match was played at Honor Oak Park, and won. Thanks to a good innings by Munden (85), and consistent batting by the rest of the team, we reached the respectable total of 231. The Wanderers were only able to total 84, owing to the good bowling of Kahlenberg (6 wickets for 45 runs), and Smith (4 wickets for 7 runs). Scores :—

GUY'S.

Lee, c & b Wyatt	30
Munden, b Wyatt	85
Saner, c Wyatt, b Taylor	21
Barnett, c Brooks, b Wyatt	18
Gibbons, b Bull	0
Smith, st Brooks, b Wyatt	0
Archer, c Damian, b Wyatt	14
Covell, c Wyatt, b Taylor	32
Young, c & b Wyatt	18
Kahlenberg, c Kenward, b Taylor	10
Tooth, not out	2
Extras	1
Total	231

THE WANDERERS.

R. Kenward, b Kahlenberg	31
A. L. Sloper, b Kahlenberg	5
H. D. Wyatt, b Smith	17
T. A. Darke, c Barnett, b Kahlenberg	1
F. Morres, c Munden, b Kahlenberg	0
W. J. Bryant, b Smith	3
R. B. Brooks, b Kahlenberg	4
H. T. Bull, c Barnett, b Kahlenberg	7
C. Kenward, b Smith	1
N. A. Damian, not out	5
O. J. Taylor, run out	1
Extras	9
Total	84

GUY'S v. CROFTON PARK.

This match was played at Honor Oak, and won. Thanks to consistent scoring, we made 304 for 7 wickets, and then declared, and outed our opponents for 115. Kahlenberg bowled well, taking 6 wickets for 39 runs. Scores :—

GUY'S.

Munden, b Bates	2
Fox, run out	43
Gibbons, b Bates	23
Saner, b Bates	13
Archer, b Barr	79
Morres, b Barr	46
Covell, c Bates, b Hone	25
Smith, not out	53
Young, not out	17
Extras	3
Total	*304

Kahlenberg and Tooth did not bat.

* Innings declared closed.

CROFTON PARK.

E. Glass, c Young, b Kahlenberg	16
W. Hone, b Tooth	31
J. T. Theobalds, b Tooth	7
W. E. Cotton, b Tooth	7
A. Bates, b Kahlenberg	1
B. Knight, b Kahlenberg	0
B. Barr, b Smith	17
—. Hodgkinson, b Kahlenburg	0
C. W. Lipper, b Kahlenberg	4
H. Haines, b Kahlenberg	5
J. J. Mansell, not out	0
Extras	27
Total	115

GUY'S v. REIGATE PRIORY.

This match was played at Reigate, and lost. Scores :—

GUY'S.

Munden, c & b Edwards	0
Lee, c Edwards, b Penfold	2
Saner, b Edwards	2
Fox, c Sub., b Penfold	35
Archer, b Edwards	24
Mudge, c Nightingale, b Edwards	4
Covell, b Penfold	9
Smith, c Budgen, b Edwards	27
Young, c Brooks, b Budgen	26
Kahlenberg, b Budgen	17
Tooth, not out	23
Extras	13
Total	182

REIGATE.

F. Nightingale, c Archer, b Kahlenberg	50
W. Brooker, lbw , b Kahlenberg	6
G. Neale, c Archer, b Smith	112
R. Penfold, b Smith	25
F. Nightingale, not out	88
H. Budgen, b Smith	0
F. Edwards, not out	24
Extras	10
Total	315

H. Bartholomew, F. Potter, W. Rendle, and H. Brown did not bat.

Guy's Hospital Rifle Association.

The Annual Prize Meeting of the above was held at Bisley on Wednesday, June 19th, and proved most successful. The day was fine, but the wind was exceedingly tricky at times. Attwater maintained the form which he has shown in all the Armitage shoots, and won the Newton Pitt Cup with considerable ease. As will be seen, the handicapping worked out satisfactorily, and levelled the three classes very well. The committee and officers of the Association wish to hereby express their thanks to the following who so kindly gave donations to the prize fund or presented prizes: Sir Alfred Fripp, K.C.V.O., Dr. A. P. Beddard, Anonymous, Messrs. Down Bros., Mr. H. H. G. Gratton, and the Holborn Surgical Instrument Company. The results of the various competitions are given below:—

No. 1.—THE NEWTON PITT CHALLENGE CUP.

Winner: H. L. Attwater ... 92

No. 2.—"HANDICAP."

H. L. Attwater 92 (barred through winning No. 1)

C. F. Searle (Class 3) ...	$76+14\frac{2}{3}=90\frac{2}{3}$	1st prize 15/-
C. C. Holman (Class 2) ...	$83+7\frac{1}{2}=90\frac{1}{2}$	2nd prize 10/-
G. A. Blake (Class 2) ...	$78+10=88$	3rd prize 5/-
L. L. C. Reynolds (Class 2)	$75+11\frac{1}{2}=86\frac{1}{2}$	
F. H. Fuller (Class 3) ...	$63+23\frac{1}{3}=86\frac{1}{3}$	
H. J. Henderson (Class 1)	86 (scr) = 86	
W. E. Wallis (Class 2) ...	$73+12\frac{1}{2}=85\frac{1}{2}$	
D. Reynolds (Class 3) ...	$60+25\frac{1}{3}=85\frac{1}{3}$	
C. B. Ticehurst (Class 1)	85 (scr) = 85	

No. 3.—800 YARDS (7 shots).

C. B. Ticehurst	31	1st prize 15/-
H. J. Henderson	30	2nd prize 10/-
H. L. Attwater	28	3rd prize 5/-
G. A. Blake	24	
L. L. C. Reynolds	22	
D. Reynolds	21	

No. 4.—600 YARDS (10 shots).

H. J. Henderson	46	1st prize 15/-
H. L. Attwater	46	2nd prize 10/-
C. B. Ticehurst	44	3rd prize 5/-
C. C. Holman	41	
L. L. C. Reynolds	35	
F. H. Fuller	32	
G. A. Blake	29	
D. Reynolds	27	
C. F. Searle	23	

No. 5.—AGGREGATE.

1st prize.—Cup (presented

H. L. Attwater 166

2nd prize.—Fish Carvers (presented by Mr. H. Grattan).

H. J. Henderson 162

3rd prize.—Hypodermic Case (presented by Down Bros).

C. B. Ticehurst 160

4th prize.—Stethoscope (presented by Holborn Surgical Instrument Company).

L. L. C. Reynolds ... ... $143\frac{1}{2}$

G. A. Blake 141

No. 6.—RESERVED PRIZES FOR CLASS 3.

F. H. Fuller	$128\frac{1}{3}$	1st prize 5/-
D. Reynolds	$124\frac{1}{3}$	2nd prize 5/-

3rd prize 5/- nil.

ARMITAGE CUP.

The last shoot for the Armitage Cup was held at Bisley on Wednesday last, 26th inst. The weather was fine, and the wind, though bad at times, was on the whole steady. Our team shot splendidly, and put up the record score of 528, thus winning the Cup by the good margin of 50 points. Scores:—

C. B. Ticehurst	31	32	29	= 92
C. C. Holman	31	33	26	= 90
H. G. Henderson	31	34	25	= 90
H. L. Attwater	29	29	31	= 89
L. L. C. Reynolds	29	33	23	= 85
G. A. Blake...	24	31	27	= 82
Total				528

St. Mary's Hospital made 525.

SUMMARY OF SCORES.

Guy's.			St. Mary's (holders).
*452	... 1st shoot	...	480
511	... 2nd shoot	...	455*
497	... 3rd shoot	...	481
528	... 4th shoot	...	525
1536			1486

* N.B.—The three highest scores only to count.

In the United Hospitals Prize Meeting, held on the same day, our members were well up in the prize lists.

ARNOLD OPEN CHALLENGE CUP.

1st.	— MacIntyre (St. Mary's)	93
2nd.	H. L. Attwater (Guy's)	92
	F. Nash-Wortham (Bart.'s)	92

HANDICAP.

1st.	— Ferguson (St. Mary's)	$88+6\frac{2}{3}=94\frac{2}{3}$
2nd.	C. C. Holman (Guy's)...	$90+4=94$

600 YARDS.

1st.	H. J. Henderson (Guy's)	32
2nd.	H. L. Attwater (Guy's)	31
	F. L. Nash-Wortham (Bart.'s)	31

LONG RANGE (800 Yards).

1st.	H. L. Attwater (Guy's)	33
2nd.	F. L. Nash-Wortham (Bart.'s)	32

WANTAGE (rapid).

1st.	F. Nash-Wortham (Bart.'s)	24
2nd.	R. G. Oram (Guy's)	21
	H. J. Henderson (Guy's)	21

AGGREGATE.

1st.	F. Nash-Wortham (Bart.'s)	179
2nd.	H. J. Henderson (Guy's)	174
3rd.	R. G. Oram (Guy's)	146

Swimming and Water Polo.

OXFORD UNIVERSITY v. UNITED HOSPITALS.

The United Hospitals took a strong team down to Oxford on Wednesday week to contest the University in four events. Each of these was very closely contested, the team race especially being a very open event until the final "touch" by which Oxford won. In no part of this race did either side have more than a yard's advantage.

In the Polo Match, Oxford started in the deep end and scored two goals in the first three minutes; whereupon the Hospitals woke up a little and equalised, through Morris and Glover. On changing ends Glover soon put the Hospitals ahead with a capital shot, but Howe-Browne equalised again with a back-hand shot, which was more unexpected than hard to stop. Subsequently the Hospitals had a little the better of the game, and should have won, missing one or two very good chances. Results:—

48 YARDS RACE.—E. G. Morris, Hertford, 1; Hallinan, Charing Cross, 2; S. P. S. Price, Guy's, 3; S. D. S. Jones, Keble, 0. A splendid race between all four men, Morris winning by a foot; a few inches only between second and third. Time 27 2-5 sec.

96 YARDS RACE.—P. D. Hamilton, Charing Cross, 1; J. T. Latteye, Christ Church, 2; P. H. Harper, Oriel, 3; G. B. Pritchard, Guy's, 0. Hamilton always had the pace of his opponents, and won by a yard and a half; six inches between second and third. Time, 61 sec.

TEAM RACE.—Oxford University: S. D. S. Jones, Keble, W. A. C. Goodchild, Balliol, P. H. Harper, Oriel, and N. F. Howe-Browne, Oriel, 1; United Hospitals: W. E. Hallinan, Charing Cross, J. C. Hallinan, Charing Cross, H. H. Glover, Guy's, P. S. Price, Guy's; won by a touch. Time, 1 min. 57 sec.

WATER POLO.—Oxford University: H. F. B. Brett-Smith, Corpus (goal), E. A. H. de Teil, St. John's, and W. A. C. Goodchild, Balliol (backs), E. J. Morris, Hertford (half-back), H. Ewbank, Queen's, J. T. Lattey, Christ Church, and N. F. Howe-Brown, Oriel (forwards), three goals.

United Hospitals: H. N. Eccles, Guy's (goal), G. B. Pritchard, Guy's, and R. Y. Stones, London (backs), M. E. Ball, Guy's (half-back), B. Hamilton, Charing Cross, W. Morris, London, and H. H. Glover, Guy's (forwards), three goals.

UNITED HOSPITALS v. CAMBRIDGE UNIVERSITY.

On Thursday, June 13th, the above teams met at St. George's Baths in a series of competitions. The races were equally divided, Cambridge winning the 60 yards and 420 yards, while the Hospitals were successful in the team race and 90 yards race. Details:—

60 YARDS (2 lengths).—H. F. Farr (St. Catharine's, Cambridge), 1; W. E. Hallinan (Charing Cross), 2; I. Mavor (Sydney, Cambridge), 3; J. C. Hallinan (Charing Cross), 4. Won by a foot; three yards. Time, 38⅖ sec.

90 YARDS.—P. D. Hamilton (Charing Cross), 1; H. F. Farr (St. Catharine's, Cambridge), 2; C. H. Fowler (Trinity, Cambridge), 3; W. Morris (London), 4. Won by three yards; one-and-a-half yards. Time, 62 sec.

420 YARDS (14 lengths).—E. E. Jenkins (King's, Cambridge), 1; M. W. King (Guy's), 2. Jenkins led throughout, and won by 33 yards. Time, 6 min. 57 sec.

SIX LENGTHS TEAM RACE.—United Hospitals—W. E. Hallin and J. C. Hallinan (Charing Cross), J. Littlewood (St. Thomas'), T. J. Hallinan (Charing Cross), P. S. Price (Guy's), and P. D. Hamilton (Charing Cross)—1; Cambridge University—R. C. Grice-Hutchinson (Trinity); F. C. T. Tudsbury (King's), H. G. Rice (St. John's), C. H. Fowler (Trinity), I. Mavor (Sydney), and H. F. Farr (St. Catharine's)—2. Won after a very fine race by seven yards.

WATER POLO MATCH.—Cambridge started in the deep end and attacked first, but our backs got the ball away up forward, and both Glover and Ball should have scored, missing easy chances. Cambridge saved, and taking a clever pass, Barr scored for them. After changing ends Barr added another goal very soon from a scrimmage. Following this the Hospitals played up, and should have done better, failing to take advantage of several chances. Cambridge thus won a good game by 2—0. Teams:—

Cambridge University.—W. J. D. Smyth (Pembroke); C. H. Fowler (Trinity), and F. C. T. Tudsbury (King's); R. C. Grice-Hutchinson (Trinity) (capt.); J. H. Barr (Christ's), I. Mavor (Sydney), and H. G. Rice (St. John's).

United Hospitals.—H. W. Field (London); R. Y. Stones (London) and S. M. Saunders (Guy's); W. T. Clarke (Guy's); T. L. Johnston (St. Thomas'), M. E. Ball and H. H. Glover (Guy's).

Referee, H. F. Beall (Otter S.C.).

Births.

MILTON.—On June 17th, at Southernhay, Eltham, the wife of William Tayler Milton, M.D., M.S. Lond., of a son.

SPRIGGS.—On June 14th, at 12, Wennington Road, Southport, the wife of N. I. Spriggs, M.D., B.S. Lond., F.R.C.S. Eng., of a son.

WAY.—On June 12th, at Kenilworth Lodge, Southsea, the wife of Montague Way, L.R.C.P. Lond., M.R.C.S. Eng., of a son.

Marriages.

CROFTS—WYATT.—On June 6th, at Beckenham Parish Church, Mildred, eldest daughter of C. P. Wyatt, Esq., Warfield, Beckenham, to Arthur Douglas, younger son of James Crofts, Esq., Gloucester.

SPILLER.—PALI.—On June 22nd, at the Chapelle Milton, Rue Hippolyte-Lebas, Paris, by the Pasteur Pfender, John Edmund, son of Edmund Spiller, Esq., of Taunton, to Jehane, youngest daughter of Monsieur Joseph Fidelio Pali, of Paris.

Death.

MACKENZIE.—At Rawal Pindi, on the 28th May, of enteric, Annie Adeline, Q. A. Military Nursing Service of India, aged 29 years, eldest daughter of the late Major H. L. Mackenzie, Royal (Bengal) Artillery, and of Mrs. Mackenzie, 15, Warwick Road, Ealing W. By Cable.

ED.—M. E. B.

GUY'S HOSPITAL GAZETTE.

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Passim.

THE Council Election of the Royal College of Surgeons took place on July 4th, and the result of the poll is very pleasing to us, although Guy's did not obtain the double success for which we had hoped. Out of about eleven hundred Fellows no fewer than eight hundred and ninety-two recorded their votes, creating by so doing a record which will be very difficult to break in the future. The President of the College, Mr. Henry Morris, was present and presided during the day.

OUR great success was scored by Mr. Charters Symonds, who headed the poll with no less than four hundred and fifty-two votes. This performance is most gratifying to all who have met Mr. Symonds either in hospital or private life, for all of us recognise that the best interests, not so much of our own Hospital as of the profession generally, will be carefully watched by Mr. Symonds in his new capacity, and that the high principles and business-like methods of the new Councillor will be of great value in keeping the College of Surgeons in that lofty state of proficiency and honourable reputation for which it has so long been famous.

BESIDES Mr. Symonds, the successful candidates were Mr. W. B. Clarke, of St. Bartholomew's, Mr. C. W. M. Moullin, and Mr. F. S. Eve, of London.

WE were fortunate in having a comparatively fine afternoon isolated for our Prize Day. The number of visitors, although apparently not so large as has been usual of late years, was sufficient to make the Park look comfortably full, and the Colonnade at times uncomfortably crowded. The usual difficulty in getting in and out of the Physiological Theatre was experienced, and of course only a small fraction of the visitors could find places at all. Those who were fortunate enough to get into the Theatre early were well rewarded by a Prize-giving which was in every way a great success.

SIR ARTHUR RUCKER is a man whose very presence itself at once claims the attention of an audience, and before he had begun to speak everyone was itching to hear him. His speech, which we produce fully elsewhere, was characterised by the manner in which he can speak of practical points of management and finance so as to make them interesting; he gets quickly to the point, and then impresses it by little stories and reminiscences out of his large stock of

University experiences in various parts of England. Add to this a keen sense of humour, and a habit of darting from one point to another with carefully adjusted rapidity, and there he is—a graceful, tactful, and happy speaker, who talks rather than speechifies to his hearers.

MR. GOLDING-BIRD'S speech was a very happy effort, his likening of Guy's to a naughty boy being received with cheers by the assembly, and leaving the audience in more bewilderment than ever as to "what trick the boy had been up to now." Mr. Golding-Bird did not "promise faithfully" for perfect behaviour in the future, but rather seemed to speak, as the rake of the nursery might, of a possible compromise.

THE DEAN'S Report was one which, as was said, we really ought all to be proud of, as far as examinations are concerned. The changes in the Hospital and Junior Staff have been rather numerous, but the new-comers are all accompanied by reputations of good work done, and fill us with hopes of seeing our seniors' names in places of honour in the future.

ONE of the most interesting features of the Dean's speech was his announcement of the institution next October of the new School of Pathology. Guy's has, perhaps, been rather behindhand till now in its arrangement for the teaching of this subject, the whole being a jumble of lectures, classes, and demonstrations at odd moments by a very numerous collection of members of the Staff. However good their teaching may have been, the scrappy method of learning so large a subject was bound to work its own downfall, and we rejoice to hear the good news.

CONGRATULATIONS are due from all to the Prize-takers, and firstly to Mr. C. L. Leipoldt, winner of both the Treasurer's Gold Medals. Messrs. Cox, Gardiner, Stout, and Todd divided most of the junior prizes and certificates between them, Mr. Gardiner's name appearing on the list in no less than four places. Mr. A. N. Leeming accomplished a good performance in taking the Golding-Bird Medal for Bacteriology as a fourth year's man.

THE Annual Dinner of the Guy's Hospital Colonial Club was held at the Balmoral Rooms (Trocadero), on the evening of the 11th, Mr. Charters Symonds, the President, in the Chair. There was a good attendance, each colony being represented. An enjoyable evening was spent, the menu being done full justice to, and the proceedings enlivened by vocal numbers by Messrs. Endean, Duvivier, and Trethowan, Messrs. Catto and K. Hole presiding at the piano. The President in his address suggested that each year the men leaving the Hospital should be entertained as the guests of the evening by the Club; this seems to us an excellent suggestion. The thanks of the members are due to Messrs. Welchman and Stout for their worthy endeavours as Secretaries. For the ensuing year, Messrs. Stout and Stringer have unanimously been elected to that position. We wish the Club prosperity, and may its next gathering be as successful.

IN connection with our "Newly Qualified" papers, a correspondent writes to say he was placed in a rather embarrassing situation lately by a patient who came to him from another doctor's surgery. This doctor was the patient's club physician, but, on hearing his caller's name, he had recognised him as the son of a poultry thief (his own poultry), and had said a few rather hot words. The patient came on in a very excited mood to our correspondent, wanting not only his professional treatment, but his candid opinion of the other doctor. He now writes laying the case before us. We can only say that, in our opinion, he acted wisely in

saying nothing about the other doctor, and also in treating the patient, who, no doubt, otherwise would have sought advice elsewhere rather than go back to the club physician.

DIFFICULTIES sometimes arise amongst general practitioners when the patient of one who has been the family doctor for, perhaps, many years asks advice from another; but in the case of a club physician, if a member of the club cares to go to another doctor, and pays his fee, surely nobody has got anything to complain of.

ON Wednesday evening, June 12th, by the courtesy of Mr. Frank Macnaghten and the directors of the Surrey, the whole of the proceeds of both houses, without any deductions, were devoted to the funds of Guy's, Evelina, and the Ophthalmic Hospitals, and the St. Patrick Church of England Home for Working Lads. Charming ladies sold elegant programmes, smart buttonholes, chocolates, etc., and thus helped to augment the substantial sum that will accrue to the above charities. In addition to those in the regular bill, extra turns were given. Among the striking attractions of the current bill, Mr. George Sheldon's musical comedy, *A King for a Day*, was admirably presented by Messrs. Sydney Dooley and Charles Seymour's company.

THE decision in the Appeal Court in the case of Harrogate Corporation *v.* Mackay, that a supply of water used by a doctor for washing his car does not come within the definition of a supply for business purposes, referred to in Section 12 of the Waterworks Clauses Act, 1863, is one of the highest importance to medical motorists. A legal member of the Motor Union writes as follows:—"The judgment is the most far-reaching yet arrived at. The terms of the Waterworks Clauses Act, 1863, are embodied in every local Waterworks Act, and prevail throughout the country. The result must have effect throughout the whole United Kingdom, and finally frees the medical profession from an irksome and onerous liability which, but for the Motor Union, would undoubtedly have fallen upon them. Probably in all the annals of motoring no other decision will have such a wide-reaching effect, or will be more beneficial in preventing an unfair claim being urged against the motorist."

THE fund on behalf of old Miller, to which we have drawn attention more than once, is not progressing very satisfactorily. This, we feel sure, is due to the fact that most club members have either forgotten, or have never been informed of the existence of, the subscription list opened by Messrs. Williams and Croucher on behalf of the old club servant. We would, therefore, once more draw attention to the fund, and emphasise the fact that a former secretary of the Club's Union, who has already helped the fund to a very generous extent, has intimated his intention of contributing a further sum, equal to twenty-five per cent. of whatever subscriptions may have been received after the last appeal—about a month ago. This promise should stimulate those who have not hitherto contributed.

CONTRIBUTIONS to the fund may be sent direct to either Mr. Williams, Counting House, or Mr. Croucher, Medical School Office, and will be promptly acknowledged. We are requested to acknowledge this week, in this column, the receipt of a postal order for 20s., and another for 5s., the latter from Brockley, and the former from Gosport. Both were sent anonymously.

THE EDITOR will, at all times, be glad to consider articles or sketches, provided that they are accompanied by the writer's name and address, not necessarily for publication. Payment is a matter of arrangement, and the fees that the GAZETTE *can offer are merely nominal, but if the writer desires any remuneration that fact should be stated.*

Prize Day.

THE Annual Meeting and Distribution of Prizes of the Medical School was held in the New School Buildings on Thursday, July 4th, 1907. Mr. Cosmo Bonsor, Treasurer, occupied the chair.

Mr. HERBERT L. EASON, the Dean, read the Annual Report, which was as follows:—

The progress of the School throughout the past year has been very satisfactory. The entry of students from October, 1905, to October, 1906, was the highest for the last thirteen years, 92 full students having joined the Medical School in that period.

The number of students who have qualified during the past year shows a decided increase. At the University of Oxford, 1 student obtained the degree of Doctor of Medicine. At Cambridge 1 student took the degree of Doctor of Medicine, 1 the degree of Master of Surgery, and 11 qualified as Bachelors of Medicine and Surgery. At the University of London, no fewer than 16 obtained the degree of Doctor of Medicine, and 23 qualified as Bachelors of Medicine and Surgery. At the University of Durham, 1 student obtained the degree of Doctor of Medicine, and 2 students took the Doctorate in Medicine of the University of Brussels.

In addition to these University degrees, 56 students gained the Conjoint Diploma granted by the Royal Colleges of Physicians and Surgeons, and 5 obtained the Diploma of Fellow of the Royal College of Surgeons. The re-institution of complete courses of instruction for the Diploma of Public Health has been very successful, 3 students having obtained the Diploma of the University of Cambridge, and 3 that of the College of Surgeons. In the Dental School the entry of students again shows an increase upon that of the preceding year, and 22 students gained the Licentiate in Dental Surgery.

The school has to congratulate Mr. H. Trethowan, who was bracketed for the Gold Medal in the M.B. examination at the University of London, also winning honours in Surgery and Midwifery. Five other Guy's students also obtained honours in various subjects at the same examination.

The changes on the Hospital and School Staff have been numerous.

The School has to record with regret the retirement of Dr. Frederick Taylor from the active Staff, and it takes the present opportunity of expressing its very deep sense of obligation to him for his great and valued services during a long period of years. In this connection it may be of interest to note that Dr. Taylor was the first Dean of the Medical School: appointed to that post in 1874, after he had been Assistant Physician for a year, Dr. Taylor directed the affairs of the School for no less than fourteen years, retiring from the office of Dean in 1888. During that time, and ever since, Dr. Taylor has given his unfailing care to all the interests of the Hospital and School, and it is with the most unfeigned regret that his colleagues lose his counsel and assistance.

Dr. L. E. Shaw has been promoted to the full Staff to fill the vacancy caused by Dr. Taylor's retirement, and Dr. A. F. Hertz has been appointed Assistant Physician. Dr. Sykes, Lecturer on Public Health for many years, resigned at the end of 1906, and Dr. R. King Brown, Medical Officer for the Borough of Bermondsey, has been appointed to the post. Mr. Sichel, Surgeon to the Actinotherapeutic Department for the last three years, has resigned during the year, and Mr. C. E. Iredell has been appointed as his successor. In consequence of the great increase in importance of Skiagraphic investigations, the Governors, acting upon the recommendation of the Medical Staff, have created two new appointments in this branch of diagnosis, and Dr. Alfred Jordan and Dr. C. J. Morton have been appointed Medical and Surgical Radiographers respectively. Dr. Bell Walker, Medical Registrar to the Hospital, has recently resigned his post, and Mr. H. C. Cameron, M.B., has been appointed to fill the vacancy. To succeed Dr. Hertz and Mr. Cameron in the Physiological Department, Messrs. J. H. Ryffel and P. P. Laidlaw have been appointed Demonstrators of Physiology. Mr. R. A. Greeves has resigned the Surgical Registrarship, and acting upon the advice of the Staff, the Governors have appointed an additional Registrar to the Surgical Wards, Messrs. Hamilton and Bankart being appointed to these two posts. Mr. R. Davies-Colley has been appointed Obstetric Registrar in succession to Mr. H. T. Hicks, and Dr. Wedd has been appointed Assistant to the Lecturer on Bacteriology in succession to Dr. Price Jones.

During the year the Governors, upon the advice of the Medical Staff, have decided to form a special department for cases requiring orthopædic treatment, and Mr. R. P. Rowlands has been appointed the first Surgeon in charge of this department.

In the Dental School it is with great regret that the resignation of Mr. Newland-Pedley, Senior Dental Surgeon to the Hospital, has to be recorded. Mr. Newland-Pedley was one of the founders of the Dental School at Guy's Hospital, an undertaking which has been attended with such signal success, and has proved of substantial advantage not only to Dental education generally, but also to the Medical School of Guy's. Mr. Newland-Pedley's colleagues on the Staff take this opportunity of expressing their high appreciation of his work in the Dental Hospital and School during the last twenty-two years.

The School has taken the opportunity afforded by the occurrence of a vacancy in the Lectureship of Pathology to frame a scheme for the amplification of the teaching in this department. It has been decided that in the future a separate department of pathology shall be instituted, under the charge of a Lecturer who shall give his whole time to this most important branch of modern medicine. Assisted by the present endowment of the Gordon Lectureship of Experimental Pathology, which has been generously placed at the disposal of the School

by Mr. Robert Gordon, the Treasurer, acting upon the advice of the School, has decided to create a Gordon Lectureship of Pathology, to which a salary of £500 a year shall be attached. At the present time applications are being invited for this post, and the new Lecturer will enter upon his duties in October next.

The recent alterations in the regulations of the Royal College of Surgeons for their licence in Dental Surgery have prompted the Staff of the Dental School to make a new departure with reference to instruction in mechanical dentistry. Hitherto mechanical pupils or apprentices have not been accepted at this School, but for the last year, in order to meet altered conditions, pupils have been accepted for the necessary period of two years' mechanical training, and by the first of October next a special laboratory will have been fitted up for the instruction of these students, who will be under the charge of a skilled mechanic acting under instructions from a member of the Hospital Staff.

The advantages which will accrue to the Dental Student who enters for the period of mechanical training in this laboratory will be great. In conformance with the regulations of the College of Surgeons, he will be able to study for the Preliminary Scientific and First Professional examinations during the period of apprenticeship at one and the same institution—an advantage and convenience peculiar to this Dental School. Realising also the importance of increasing the facilities for teaching the best methods of mechanical dentistry by actual example, the Staff of the Dental School have created the appointment of Operative Demonstrator of Mechanical Dentistry. Mr. H. Chapman has been appointed to this position, and his work and methods are available for the instruction of students on three days in the week.

In view of the requirements of the Dental Out-patient Department, and the large increase in the attendance of dental patients, consequent upon the success of the Dental School, it is proposed to equip a large new Out-patient Department for the exclusive use of Dental patients. This department will be in the same block as the present Mechanical Laboratory and Conservation Room, and the concentration of all the dental departments in one building will be of great advantage both to students and patients from the point of view of economy of time and efficiency of administration. Last year, as on previous occasions, an appeal was made for more funds for the endowment of medical education and research, and it is with great pleasure that the Treasurer is able to record several donations to that end during the past year. The late Dr. Charles Oldham, of Brighton, has left by will a sum of about £900 for the purpose of founding a prize in ophthalmology, to be called the Charles Oldham Prize. Following so rapidly upon the Arthur Durham Travelling Studentship, which was endowed last year as the result of a bequest by the late Mrs. Arthur Durham, Dr. Oldham's legacy has been most encouraging to the members of the School Staff, as being evidence of a widespread attachment on the part of old friends of the Medical School to the cause they have so much at heart. Anonymous donations amounting to over £400 have also been most gratefully received during the past year, and have been invested by the Treasurer for the purposes of medical education.

Though much has been done, much more remains to do, as it is becoming more and more apparent that medical education cannot be properly undertaken in London without endowment. During the last fifty years the curriculum has been greatly lengthened, the complexity of the course of study has much increased, while the fees for the complete course remain unaltered. For two reasons fees cannot be increased in London without prejudice to the entry of students: firstly, because the average income to be made from the practice of medicine is so small that the cost of a medical education would bear too high a proportion to the ultimate return; and secondly, because the competition of Provincial Schools, largely supported by that local patriotism which is commonly wanting in the Metropolis, would render such a course inadvisable. Hence, once again, the School can only express the hope that the generous gifts of the past year will stimulate further contributions in the future for the benefit of medical education and research. By this means only will it be ensured that the education to be obtained at Guy's Hospital Medical School shall continue to be in every way worthy of its past traditions and reputation.

Mr. COSMO BONSOR then invited Sir Arthur Rücker to occupy the chair, and give away the prizes.

The following is the list of successes:—

OPEN SCHOLARSHIPS IN ARTS.—William Arthur Young, Colfe Grammar School, £100. Harold Webb, Rossall School, £50. Norman Ernest Farr, St. Paul's School, Certificate.

OPEN SCHOLARSHIPS IN SCIENCE.—Frank Cook, Preliminary Science Class, Guy's Hospital, £150. Edward Gustave Schlesinger, Preliminary Science Class, Guy's Hospital, £60. Geoffrey Troughton Foster Smith, Alleyn's School, Dulwich, Certificate.

SCHOLARSHIP FOR UNIVERSITY STUDENTS.—Arthur Henry Crook, B.A., Christ's College, Cambridge, £50. Charles Colgate Holman, B.A., Caius College, Cambridge, Certificate.

OPEN SCHOLARSHIPS IN DENTAL MECHANICS.—October, 1906, Edgar Arthur Tomes, £20. May, 1907, Charles Harry Greville Penny, George Evan Henry Holt Phillips, equal, £10 each.

JUNIOR PROFICIENCY PRIZES.—Arthur Neville Cox, Harold Gardiner, Thomas Duncan Macgregor Stout, equal, £15 each.

THE MICHAEL HARRIS PRIZE FOR ANATOMY.—Harold Gardiner, £10. Richard Pitt Ballard, Thomas Duncan Macgregor Stout, equal, Certificates. Arthur Neville Cox, Certificate.

THE SANDS COX SCHOLARSHIP IN PHYSIOLOGY.—Thomas Duncan Macgregor Stout, £15. Arthur Neville Cox, Certificate. Harold Gardiner, Certificate. Alan Herapath Todd, Certificate.

THE HILTON PRIZE FOR DISSECTIONS.—Marc Antoine Emile Duvivier, Harold Gardiner, equal, £2 10s. each.

DENTAL PRIZES.—First Year's Students.—William Edgar Antonius Tibbalds, £10. William Alfred James, Certificate. Edgar Eaton Solomon, Certificate. Second Year's Students (1906).—Ivor Margolies, £15.

PRACTICAL DENTISTRY PRIZE.—Graham Hunt, £10. John William Doherty, Certificate.

GOLDING-BIRD GOLD MEDAL AND SCHOLARSHIP IN BACTERIOLOGY.—Arthur Norman Leeming, £20. Thomas Edmund Ashdown Carr, Certificate.

TREASURER'S GOLD MEDAL FOR CLINICAL MEDICINE.—Christian Frederick Louis Leipoldt.

TREASURER'S GOLD MEDAL FOR CLINICAL SURGERY.—Christian Frederick Louis Leipoldt, Medal. Kenelm Hutchinson Digby, Edward Percival Hearne Joynt, equal, prox. access.

After Sir ARTHUR RUCKER had distributed the various awards to the successful students, he, in addressing the assembled students and guests, said there were few occasions which he valued more than coming down to one of the great Universities and getting into closer touch with both the teachers and students. It was a matter of the greatest importance that as they had been banded together by Act of Parliament they should get to know each other in order that they might work together better. Guy's Hospital had certainly been one of those schools which had given much to the University, in the way both of ability and help during the last few years. The University of London numbered among the list of vice-chancellors one of the late physicians of Guy's, Dr. Pye-Smith; Sir Cooper Perry, the superintendent of Guy's, was for some time a member of the Senate and was chairman of the finance committee, and as he (the speaker) was somewhat responsible for the finances of the University, he could only say that chair had been filled by a man of supreme financial ability. Then Dr. Frederick Taylor, whom he regretted to hear was retiring from the hospital, and himself had often met across the examination table, and the London University had to thank him (Dr. Taylor) for a great deal of help which he had given them in the past, and which was now going to be increased by the fact that he had joined the Senate of that University, and also the gentleman who had been selected to fill the place of Dr. Taylor had long been a member of the Senate of the London University.

He was delighted to hear that the students of the school had gained sixteen M.D. degrees and twenty-three M.B., B.S. degrees. That was a list of which any school might be proud, and he heartily congratulated the school as a whole upon what was really a great record.

On Friday last the University Sports had been held, and Guy's Hospital, which had shown itself so able in gaining the highest honours, had also come to the front in the sports. He himself was appointed one of the judges, for reasons which were difficult for him to explain. It might be thought that the fact that he had had more experience than most people in watching the magnet might make him able to decide whether a man had or had not breasted the line, and that studies under a microscope might make him a good judge of whether a toe had passed or fallen short of the long jump by a fraction of a millimetre. However that might be, he could only say he carried out his duties, he hoped, with success—at any rate, without serious blame. He would just like to mention that the sports were held in the middle of the summer term, and, worse than that, they were held at a time when so many examinations were going on, and he believed that the comparative smallness of the number of entries and also the exiguous nature of the attendance was largely due to the fact that many of the students were unable to enter or attend the gathering on account of the examinations. Now he would like to suggest to the students—and he had no doubt there were many who were taking a leading part in the matter—that he thought the sports ought to be organised by the students. He hoped, therefore, that if they wanted to have University sports of a representative character, they themselves would take steps to secure good results. One step which ought to be taken was to hold them earlier in the year. Of course, this year we had a cold June, but if it were hot it would be cruel work to ask a man to run three miles under in a broiling sun. He sincerely hoped that some arrangement would be made next year for improving matters in that direction.

The fact that the University was getting more and more into close touch with the various schools was a matter of the greatest importance, and it was also a matter of interest to the school to know that the body with which they were connected was itself becoming more and more powerful and larger and larger. There was one point which he might mention which he thought was probably unknown to many of those present, but which showed the extraordinary rate at which the University was growing, and that was, that when he was appointed Principal some six years ago his first Budget was £29,000, while the Budget for the last year was £101,000. He thought that growth in six years was remarkable. That did not mean that they were richer in the way of money to spend, because all the money was eventually allocated to something, but what it did mean was that the various students who placed themselves more or less entirely in their hands, and the number of donors, were increasing. He hoped, therefore, that those students who were connected with the University as graduates, or who were going through the course, would feel that that growth showed that they belonged to a University of which they need not be ashamed, but which, certainly in the case of medical degrees, they might most heartily be proud of.

Another point to which he wished to refer was one which he confessed always arose in his mind when he attended such gatherings as the present and saw a number of young men who were just starting out in life as medical men and entering upon one or other branch of the profession. He thought it was a great thing for a

man who was entering upon his profession to feel that the objects which he had set before him in life were objects which would not only advance him, not only possibly make him a rich man, but they were objects which would benefit the race as a whole. There was no profession of which that might be said more than of medicine. It was perfectly true when a man lost touch with the great centres of medical life, he might sometimes feel that he was rather banished from centres of thought and research, that his work was so heavy that it cut him off from giving much time to those higher problems, those more difficult investigations, which it was the delight of the most cultured members of the medical profession to investigate; but he would only say that even in those circumstances it was a great thing to feel that his ordinary everyday work was bringing a certain amount of health and happiness to those whom he was working among. He did not know that he ought to dwell too long upon that point, but he might say that the businesses of life were divided into those in which the success of the person who followed them was the main object, and those in which that success might be attended with direct and obvious benefit to his fellow creatures. In no profession was that more clearly the case than in medicine, and they could congratulate themselves upon belonging to a profession which was spreading its bounds very wide indeed; that, to his mind, was a satisfactory outcome of the enormously rapid growth which had taken place in the application of physics to medicine. He could well remember when what was now the University of Leeds was founded in 1874 he was the Professor of Physics, and the number of students in physics was represented by units, while the number of students in chemistry was represented by tens. The students from the neighbouring schools were sent to the college, but no medical students thought it worth while to attend classes to learn anything about physics. Physics was not regarded as the great voice of science, and those who were attracted to it were only attracted from the fact that they saw in it some opportunity of making interesting investigations. That was all completely changed. He was unfortunate enough to have had the designing of the laboratories at Leeds College just before he left, and he believed his name was now execrated there, although he followed the orders given him. He was glad to say that physics was now-a-days becoming more and more a valuable part of medicine. In this way medicine was spreading its borders, and a knowledge of auxiliary sciences was becoming more and more important to the medical man who aimed at attaining a high place in his profession. Then, again, the connection between medicine and hygiene was increasing, and although doctors always claimed for it a large part in the development of science, yet now the community as a whole was much more conscious than it was forty years ago of the immense service which had been rendered to humanity by the profession in dealing with this subject. A man during his medical education could have very little knowledge of what part of his profession he would find it necessary to give his attention to; he might develop into a specialist in medicine or surgery; he might find himself in a position where it would be necessary to be an expert in hygiene, or he might find himself in a hospital where some knowledge of the application of physics and chemistry to science was a part of his work. He mentioned these facts because he was aware there was among many students a feeling that the demands in medical education were becoming more and more excessive, but he did not think that was really the fault of the University. In dealing with matters in which difficulties of opinion existed they had nearly always followed the advice of the Faculty. The education of medical men in London, so far as the University was concerned, was not in the hands of a number of people who had been brought together in a haphazard way; it was really in the hands of the doctors themselves, and he sincerely hoped that they would feel that any representations they might make to the University in the matter of medical education would always receive not only the greatest attention, but would in all probability be carried into effect. Of course when doctors differed it was a little difficult for Universities to decide, and in some cases they had to decide in favour of one party or the other.

He felt it was a very great thing for a student to realize not only that he was a member of a college, but that he was a member of a University, and he hoped these schools of the University would regard themselves not merely as great independent institutions, which many of them for a long time claimed to be, not merely as having a relationship such as the students of Oxford and Cambridge had, namely, that they were independent bodies controlling their own finances and students, but in London there was a still closer bond, namely, that the University was entrusted with the duty of visiting the schools from time to time and seeing whether or not the work carried on was, in the opinion of experts, all that it ought to be. He asked them to remember that their fates were largely bound up together. The degrees of the University of London must fail if the University of London failed. The medical schools of London would benefit if they were recognised by the outside world not only as a great institution, but as part of another institution. He wanted to see among the students of the various schools of the University of London not only a feeling of patriotism and of affection for the great colleges at which they studied, but also that they were proud of being members of a great University. (Applause.)

Dr. HALE WHITE (Senior Physician to the Hospital), in proposing a vote of thanks to Sir Arthur Rücker, said it might seem to some of them that it was not much for Sir Arthur to come down there for three-quarters of an hour out of a whole day, but he could assure them that he (the speaker) happened to know otherwise. He knew that Sir Arthur Rücker was, without exaggeration, quite one of the busiest men in London. He had heard it

said that he had been known to attend eight committee meetings in a single day. He should have thought himself that that was quite impossible, that the human brain could not endure it; at any rate, whether it was eight or not, it showed that Sir Arthur was a very busy man, and therefore they felt the more indebted to him for spending an hour with them that afternoon. It seemed to him very appropriate that the Principal of the University of London should have come to the medical school at Guy's Hospital to distribute the prizes, for there was no medical school that had closer bonds with the University than that of Guy's Hospital. He believed it was a fact that at the present moment there was a larger number of students at the University from this medical school than from any other. The figures given by Sir Arthur Rücker were not true only of this year, but it was very often true that a larger number of successful candidates came from Guy's than from any other hospital, and if anyone investigated the Honours List of the University they would find it was not an uncommon thing for Guy's to take quite their share, if not more than their share, of the honours bestowed by the University. Ever since the University was founded there had been a stream of students from St. Thomas's Street, first of all to Somerset House, then to Burlington Gardens, and now to South Kensington, and that stream had added many members to the University of London, and in some cases he was glad to say it had added lustre to the University. Seeing, then, how very closely allied the hospital was with the University, he felt sure they would agree with him that it was particularly appropriate that they should accord the Principal of the University an extremely hearty vote of thanks for his great kindness in attending there and distributing the prizes, and giving them that address which they all listened to with such pleasure. (Applause.)

Mr. GOLDING-BIRD seconded the vote of thanks, and said the enthusiastic response they had already given Sir Arthur Rücker, and the evident appreciation they had shown of his most eloquent address, made it unnecessary for him to say more than two or three words. He wished to draw attention to one thing, and it was this, that the presence of Sir Arthur Rücker was an object-lesson. They had heard much about the connection between the University of London and Guy's. It was wonderful to think what a vague idea the public generally had of the London University. To most people it was but a name; few thought of it as a habitation, and very few realised that the building in which they were assembled was one of its habitations. He hoped the presence of Sir Arthur Rücker was an object-lesson which would dispel that idea, and that they would at once feel they were an integral part of the University, and with such a Principal as they had they were sure to succeed in the long run. There were sure to be difficulties at the commencement of arranging a University in connection with large medical schools, and he was bound to say that Sir Arthur Rücker was academically an unhappy man, because he was in the unhappy position of being father to a large number of academic children, some of whom had given him trouble by breaking through the nursery rules. The name of one of those boys was Guy, and he desired to say that Guy was not a bad boy, but he had really reached his majority, and he thought he had a right to assert his opinion as to the way certain things in the University should be done. But he wished to assure Sir Arthur Rücker that Guy would, so far as in his power lay, always courteously agree with the nursery rules, and would try as far as possible to carry them out in the College nursery, and he had no desire to run counter to his (Sir Arthur Rücker's) good intentions. Guy knew that Sir Arthur's intentions towards him were of the highest order. That led him (the speaker) to say one thing more, and it was this, that he knew, as the University grew, in developing the schools it was liable to destroy the individuality of, a certain number of the schools, but the later remarks of Sir Arthur Rücker showed that he did not in the least desire to see the special characteristics of the great schools swamped in the University. It would be their own fault if ever they saw Guy's men guys in the old sense of the word, and so long as they were true to their old ideals, so long would Guy's be Guy's, and that was saying a great deal.

The resolution on being put to the meeting was carried with acclamation.

Sir ARTHUR RUCKER, in responding, said he quite agreed with the last speaker that in the founding and carrying out of a great University it was inevitable that differences of opinion should arise on different points. But though they might differ as to the details of the work, so long as they had at heart the common good of the profession, the common good of education and the common good of the University, then he felt sure they would not go far wrong. In conclusion, he could only say if another medical school was founded and added to the University, he hoped they might be able to say "Here comes another Guy." (Laughter and Applause.)

During the afternoon an excellent programme of music was discoursed by the Royal Meister Orchestra, and was much appreciated, several of the items being much applauded, and some being played twice by special request of various members of the gathering in the Park.

Papers by Guy's Men.

The Temperature of the Normal Monkey. By J. W. H. Eyre, M.D., M.S., and Captain J. C. Kennedy, R.A.M.C.—*Journal of Physiology*, 2nd July, 1907.

Experiments on Prolonged Proteid Feeding. By David Forsyth, M.D. Lond.—*Ibid.*

The Urine in Diabetes. By A. P. Beddard, M.A., M.D. Camb., F.R.C.P. Lond.—*The Practitioner* for July, 1907.

A Case of Cerebral Tumour with Jacksonian Epilepsy.

CLINICAL LECTURE BY DR. FAWCETT.
May 22nd, 1907.

GENTLEMEN,—I have no patient whose case I have specially investigated for your benefit during the short time that I have been in charge of "Clinical," so I propose to speak to you of an interesting case of cerebral tumour with Jacksonian epilepsy. It is that of a man, 37 years of age, who was admitted under my care on January 31st, 1906. One day in May, 1905, he noticed that, suddenly, while eating, "his jaw became locked, and he was unable to open it for two minutes." He also felt dizzy, and was shortly afterwards sick. He told us that "his mouth was screwed round to one side, and remained so for one-and-a-half hours;" that six days later he had another attack, followed by contractions of the left side of the mouth, lasting two or three minutes, and that from August, 1905, to January, 1906, he had daily attacks of a similar nature. He also volunteered the statement that, in addition to these fits, he had been suffering from frequency of micturition.

Condition on admission.—The handgrip on the left side was weak, and there was slight weakness of the left facial muscles; he could not wink his left eye, which he previously had been able to do, and he could not shut the left eye so closely as the right, nor whistle so well as previously. The special senses were all normal. There was some deficiency of sensation over the left upper extremity as determined by the distance apart at which he could feel the points of a pair of compasses, but apart from this there were no sensory symptoms. The left knee-jerk was a little more marked than the right; there was neither weakness nor rigidity in either leg. The plantar reflexes were normal. As far as I can recollect there was no tenderness of the skull on pressure. On looking at the optic discs, I thought that they were somewhat swollen and in an early stage of optic neuritis, and Mr. Eason agreed that this probably was the case, although he was not certain of it.

We saw the convulsions on many occasions. They commenced, without any aura or warning, with a tonic contraction of the left side of the face involving especially the muscles around the angle of the mouth, the eyelids were semi-closed, the head was turned to the left, and the forehead was wrinkled. This stage, no doubt, corresponded with what took place when, as he told us, "his jaw became locked." The tonic contraction was rapidly followed by clonic contractions involving the same muscles and those of the left arm, and in some of the more severe "fits" the left leg and foot showed distinct clonic movements. There was never, as far as I know, loss of consciousness. The patient had slight headache, and, as I thought, some optic neuritis. The patient did not suffer from attacks of sickness, and he exhibited no mental change whatever.

Remarks.—Thus, in view of the "fits" which I have described to you, and of the left-sided paresis, there seemed to be no doubt that the patient had a localised irritative lesion of the cerebrum which involved the lower part of the motor area of the right side.

What was the cause of it? Was it a tumour, or possibly an abscess? A cerebral abscess is at times "latent," and there is, perhaps, no condition in the brain which is so often overlooked. We could find no cause for an abscess. The patient had neither previously, nor at the time of admission, a discharge from his ears or his nose; the lungs were healthy, and there was no history of injury. The definite focal character of the symptoms was also against the diagnosis of an abscess, and a third point, which you will hear about presently, was that the symptoms and signs which the patient presented subsided for a considerable period, a very uncommon feature in cerebral abscess. We therefore concluded that the patient had a cerebral tumour.

Unilateral convulsions were first described by Dr. Hughlings Jackson, and hence the name of "Jacksonian epilepsy." Such unilateral convulsions, although always due to stimulation of a cortical motor area, are not always due to a local organic lesion. The stimulus may spread to the area involved from some more distant part, or localised convulsions may occur in a case in which there is no coarse organic lesion. For instance, Dr. Collier, writing in "Brain," in 1904, on "The False Localising Signs of Intra-cranial Tumour," states that, "the commonest cause of Jacksonian epilepsy is probably idiopathic epilepsy. Of the patients who have attended the out-patient department at Queen's Square Hospital during the past five years, and who have suffered with local convulsion, the majority have been cases of idiopathic epilepsy, proved so by the history and course of the malady, while a minority have been cases of local gross lesion of the cerebrum." I should have said this was a

rather exaggerated statement with regard to the frequency of local convulsions in epileptics; still it shows that they are by no means uncommon, and coming from a physician attached to a large "special" hospital it at any rate serves to impress upon us the fact that local convulsion in epilepsy is much more common than many of us realise. Thus, although a focal lesion may be the cause of localised "fits," yet the stimulus may have spread to the motor area from a distance, or the "fits" may occur without any coarse brain disease.

On the other hand, there are patients who, in the first place, appear to be cases of ordinary epilepsy, but in whom, later on, definite symptoms of tumour develop. Some of you may have seen a patient who is now in Mary ward, under Dr. Hale White's care. She came to my Out-patients last November, complaining of "fits," from which she had suffered for two years, thought to be due to epilepsy. Then optic neuritis developed, and she was sent into the hospital. During the time that I was looking after the wards she had no fits, but soon after Dr. Hale White returned the "fits" recommenced, and were noticed to involve the left side of the body. Ultimately this patient was trephined, chiefly, I believe, to relieve the intense headache. A very large tumour was found which it was impossible to remove.

From experimental work we know that it is only stimulation of the motor area which gives rise to definite tonic and clonic convulsions on the opposite side of the body, and that when that area is destroyed stimulation has no effect.

In the case I have told you of to-day there were localised convulsions and paralysis, the latter feature being the deciding factor in the conclusion we arrived at that the patient had a gross cerebral lesion involving the motor area.

There is, however, another source of fallacy with regard to localised convulsions to which I want to draw your attention: it is contained in the valuable paper by Dr. Collier, previously referred to. One of the chief points he makes in that paper is, that when general symptoms, such as headache, vomiting, optic neuritis, have lasted a long time, and then *later* localising symptoms appear, that such symptoms may be quite misleading as to the real position of the tumour. In our patient, however, you will remember that the local convulsions were among the earliest signs of the disease. I will read to you one or two instances which Dr. Collier mentions. A child, æt. 8, was admitted with headache and vomiting, and in a few weeks developed optic neuritis, and signs of a left-sided cerebellar lesion. Those signs *persisted for twelve months*, and then convulsions commenced, beginning in the left hand, and at first confined to the left arm, without loss of consciousness. These Jacksonian attacks were repeated at intervals, and in some of the later attacks the convulsions became general, and were associated with loss of consciousness. The child died at the end of eighteen months. A subtentorial tumour was found involving the cerebellum. The aqueduct of Sylvius was obstructed by growth, and there was consequently considerable dilatation of the ventricles. There was no local lesion in the right central region that would account for the Jacksonian attacks other than thinning of the ventricular wall. "This case shows that local convulsions are not always of localising value, and that they may be symptomatic of ventricular distension."

I will mention one or two other very interesting cases which Dr. Collier relates. There were two patients the subjects of cerebellar tumour; localised convulsions were repeatedly observed in the arm and face muscles; both were chronic cases, and in the early stages the signs of a cerebellar lesion were conclusive. At the autopsy there was much ventricular distension, but no other lesion to account for the local convulsions. Similar unilateral fits were also observed in a case of glioma of the pons, and in another of tumour of the cerebellum. In all these cases the symptoms, previous to the occurrence of the local convulsions, were of long standing, and in all of them considerable distension of the ventricles was found at the autopsy. Dr. Collier is of opinion that the convulsions in such cases are due to secondary distension of the ventricles, a common occurrence in the case of tumours situated below the tentorium, although it may develop wherever the tumour is situated.

Now as to the *position* of the tumour. To determine this it is essential to carefully observe where the "fits" commence, the usual sequence being either leg, arm, face, or face, arm, leg. You do not see convulsions beginning in the leg and then spreading directly to the arm. In this case the convulsions began in the muscles around the mouth, on its left side; they then spread to the other facial muscles, and subsequently to the arm and the leg. Thus there was no doubt that it was the lower part of the motor area which was involved. The question arose as to whether any other part of the brain was also affected. Was there a tumour of the

frontal region involving the ascending frontal area? The whole of the frontal lobe anterior to the precentral sulcus is inexcitable, with the exception of a part of the middle frontal close to the ascending frontal, excitation of which produces movements of the head and eyes to the opposite side, so that even large tumours may exist in the frontal lobes with little or no evidence of their presence. But, on the other hand, there are some symptoms associated with a lesion of the frontal lobes which are present in a fair proportion of the cases—mental symptoms chiefly. These mental symptoms often precede the development of the "general" symptoms of cerebral tumour. They include, loss of power of attention and concentration, incoherence and possibly slowness of speech, and delay in answering questions; perhaps, also, there is a loss of memory, and the patient may become irresponsible, or sleepy, or drowsy, and so on. At times acute mental symptoms or melancholia may appear, and then the patients may get sent to an asylum. The patient I am talking about to-day was not particularly bright, nor was he particularly dull, and there was no special mental deficiency that we could credit him with. Incontinence of urine is another symptom which is described as occurring in tumours of the frontal region and of the temporal lobes, and on several occasions, both before and after admission into the hospital, our patient complained of the frequency with which he had to empty his bladder—it was quite a troublesome feature of his illness, as far as he was concerned.

You will have gathered from what I have said how difficult in many cases is the diagnosis of a frontal tumour unless that tumour extends back and involves the motor area, or the efferent fibres from that area. In a number of cases the first sign of a "frontal" tumour is the occurrence of epileptiform seizures, which may be of either the major or the minor type, or may commence with local convulsions.

There are two types of localised "fits," well described by Dr. T. Grainger Stewart, specially associated with tumours of the frontal lobe, and depending for their causation on the vicinity of the motor areas in the posterior part of the frontal lobes and of the ascending frontal convolution. One type commences with a jerking movement in the muscles of the mouth, turning of the head to the opposite side; the movements may spread to the face muscles generally and to the arm and leg. This type corresponds exactly with the "fits" which our atient exhibited, and, in addition, there was actual paralysis of some of the affected parts. He never had any "sensory" aura, a feature which is absent in tumours of the frontal region. Thus, taking all things together, we came to the conclusion that the tumour was situated on the right side, involving the lower portion of the ascending frontal convolution, and that very possibly the frontal lobe anterior to this was also occupied by the tumour.

The second type of localised "fit" occurs when the left frontal lobe is affected, the onset of the "fit" being associated with sudden loss of speech and twitching of the facial muscles on the opposite side. The discharge may spread to adjoining centres, and so an ordinary Jacksonian convulsion ensue.

A tumour of the parietal region, involving the motor area, did not seem probable, as there was no definite alteration in sensation, and no hemianæsthesia nor hemianopia.

What kind of a tumour was it? The man was 37 years of age. Although tubercular tumours form by far the majority of tumours at all ages, yet in active adult life gliomata or sarcomata are more common. As there was no history of tubercle in this case, nor any evidence of "tubercle" elsewhere, we concluded that it probably was a glioma. You will hear shortly that we altered our diagnosis as to the variety of the tumour. There was no history of venereal infection.

Now as to the *course of the case.* On January 31st the patient entered the hospital. I asked one of the surgeons to see him with me shortly after, and as the optic neuritis was doubtful, and there were none of the other "general" symptoms of tumour, the surgeon preferred to wait, and operation was deferred. Within a fortnight the man was taking 75 grains of potassium iodide and 45 grains of potassium bromide in the 24 hours. On February 23rd, about three weeks after he came in, it was noticed that his "fits" had become much less frequent, that although from February 12th to February 18th he had 40 to 50 "fits" between the hours of 6 a.m. and 6 p.m., yet by February 29th the "fits" were less frequent and less severe. It is true the patient's mouth was still contracted up during the fits, but not to the same extent as formerly, and he could wink the left eye, which he had not been able to do since admission. It was also noticed that the head and eyes were not moved so much as before to the left side during an attack, the clonic convulsions in the hand were less marked, and there were none in the leg. The patient still complained of a frequent desire to micturate, and had to do so once or twice during the night

Five weeks after coming into hospital he was having only eight fits a day. On March 12th he passed through the day without a fit, and after that date, although he sometimes complained of giddiness, lasting a few seconds, yet if he felt a "fit" coming on he could check it by biting his handkerchief.

He was discharged from the hospital on March 24th, not having had a fit for at least a week. He returned to work and continued at it for two-and-a-half months, feeling quite well, except for occasional twitching in his left arm and face. As you can understand, the great improvement which occurred under the administration of potassium iodide, the fact that almost all his symptoms disappeared, although the optic neuritis was still present, made us think that we were mistaken in our diagnosis, and that probably the cause of the "fits" was a gumma, which was undergoing absorption under the treatment; consequently we then gave a better prognosis than we had done when the patient was first admitted. Now we know that there may be intervals of rest in the growth of the more slowly developing cerebral tumours, that tubercular tumours may cease to grow and even dry up, or that other varieties of growth may occasionally undergo calcareous or degenerative changes, and so only the destructive effects caused by the tumour remain. For instance, if the arm fibres have been destroyed the arm will be permanently weak or paralysed, and so on.

The further history of the case is very interesting. The patient came back to see me at Out-patients on June 7th—you may remember that he had been discharged on March 24th—complaining of very severe headache, worse than he had ever before experienced. The weakness of the left arm and also of the face was more marked; the symptoms had reappeared during the previous six days. After readmission the headache persisted, and became more and more severe; a day or two before he died the left leg was found to be distinctly rigid, the left knee-jerk was increased, and it was clear that the effects produced by the tumour had spread, so that there was probably some interference with the efferent fibres to the leg, as well as with those to the face and arm. Death took place suddenly on June 16th.

It will now be of interest to you to see the tumour. It is a large one, involving a considerable proportion of the frontal lobe, spreading back well into the motor area; it comes to the surface just behind the commencement of the Sylvian fissure; it measures $2\frac{1}{2}$ inches in its longest diameter, and you can see there is a recent hæmorrhage into its substance. There does not seem to be any evidence of degeneration or of drying up, and yet for two-and-a-half months the symptoms subsided altogether. On histological examination the tumour proves to be a sarcoma.

Thus one of the chief lessons to be learnt from our case is, that even an actively growing sarcoma—for there is no evidence whatever of any degenerative process having taken place in the tumour—may be associated with an almost complete disappearance of symptoms for as long a period as two-and-a-half months, and that therefore we must not be in too much of a hurry to give a favourable prognosis, although the symptoms do desist so completely and for so long a period as in this case.

No doubt the sudden reappearance and increase in the severity of the symptoms which took place ten days before death, was due to hæmorrhage into the substance of the tumour. Other conditions which may produce the same effect are meningitis over the tumour, or œdema of the parts around from interference with the vascular supply by the growing tumour.

Pass List.

UNIVERSITY OF CAMBRIDGE, Easter Term, 1907.—Third Examination for Medical and Surgical Degrees. Part II.: A. T. Densham, M.A., St. John's; C. W. Ponder, M.A., Emm.; C. W. Greene, B.A., Emm.; C. B. Ticehurst, B.A., St. John's; R. R. Walker, B.A., Pemb.

UNIVERSITY OF LONDON, May, 1907.—M.B., B.S. Examination for Internal and External Students. Honours: W. H. Miller, distinguished in Surgery. Pass: G. F. E. Allison, K. H. Digby, G. Hamilton, F. P. Hughes, H. S. Knight, H. Joste Smith. Supplementary Pass List: Group II., T. E. Ashdown Carr, C. C. A. De Villiers, E. L. R. Norton, R. J. Russell. B.S. Examination: Pass, E. C. B. Ibotson.

SECOND CONJOINT EXAMINATION, July, 1907.—F. N. Doubleday, F. C. Endean, P. E. H. Patey, H. Platts, A. L. Saul, G. Y. Thomson.

Papers by Guy's Men.

A Demonstration at Guy's Hospital on Pathological Specimens with Interesting Clinical Features. By John Fawcett, M.D., Lond., F.R.C.P. Lond.—*The Clinical Journal*, July 3rd, 1907.

On the Use of some Mechanical Appliances in Surgical Treatment. By John Poland, F.R.C.S. Eng.—*Ibid.*, 10th July, 1907.

Travels of Metelacus.

(A fragment from the original Doric M.S.)

. . . And it came to pass on the fourteenth day that having passed through the territory of the Rudienses we came into the land of the Φισλαβιοι, a barbarous people and a rude. And in this country saw we a tall building the like of which had mortal eye never seen before, being the temple of their god, and without, a shrine. For to us asking it was told how they do worship a strange and fierce god, named Tha-Hinta, the same demanding a tale of victims twice a year, when forsooth many of the goodliest and fairest of the youth of the land fall a prey to the monster:—and within the temple are many places of sacrifice where hapless animals are slaughtered to appease the fury of the god.

And one bidding us, we entered, and having toiled up many steep places we gained unto the topmost pinnacle of the temple. And here indeed was the strangest sight of all. For here was the chief of the country, who men said was the High Priest, with flowing locks and clad in white garments, crying aloud in a shrill Tone of Authority. And with him was also one of the lesser priests being but newly appointed to the Sacred Office; but the manner of his speaking was not as that of other men, and we understood not his words. And besides these were two underlings who walked within the holy building carrying before them sacred vessels of copper upon which were divine gifts. These they gave unto the assembled multitude, unto each one but two or may be three gifts, as became such precious burdens.

Now there stood a tablet upon one of the walls of the temple, whereon the High Priest had written with a style sacred words and wise sayings which, if a youth should but understand all might yet be well with him (so the superstitious inhabitants of the land believed). . . . . And these rites are said to take place thrice between two High Days, for three times in such space of time do they gather together to worship their god and do him honour.

But now all was confusion and woe, and men sate in sackcloth and ashes, beating their breasts. For the time of the yearly sacrifice drew nigh, and none knew whether or no the immortal gods had cast that he should be of the victims or of the spared, and already the shadow of death lay heavy upon the land. . . . .

(CETERA DESUNT.)

A Case of Ruptured Tubal Foetation.

(Lacking the Usual Symptoms.)

By D. Wilberforce Smith, M.B., B.S.Lond.

The following case of ectopic fœtation, with rupture into the broad ligament, was characterised by such unusual absence of diagnostic symptoms that an intra-abdominal lesion was not even indicated, and only when the patient was recovering did the onset of metrorrhagia lead to a vaginal examination being made, and the discovery of a tumour in the pouch of Douglas.

History.—The patient was a domestic servant, a coloured woman of good physique, æt. thirty, having one child about two years of age. She had not menstruated for three months, and about a week before consulting me had been suddenly prostrated with great weakness, pallor, and marked swelling of the abdomen, which alarmed her more than anything else. A doctor who had seen her at this stage told me he had supposed it to be a case of chlorosis. Her mistress sent her home, as she could not stand, and I saw her on April 24th.

Condition.—As she lay in bed, the first thing that struck one was the pallor of her face, most noticeable about the lips. Also she was remarkably helpless, quite unable to sit up, and breathing rapidly, although she did not look like a person suffering from any very acute illness, and was remarkably clear mentally. Questioned as to her complaint, she said she was very short of breath and her belly was swelled up very much, also she felt excessively weak, being quite unable to rise in bed. She said she had no pain nor tenderness about the belly, nor had there been any prior to my seeing her. She was very clear on this point, and it is one of the remarkable features of the case. She admitted that she had not menstruated for about three months, and believed herself pregnant. There was no discharge of any kind, also a remarkable feature, and there was nothing to suggest the advisability of making a vaginal examination. The abdomen was moderately distended, and there was some fluid in the flanks. The temperature was about 103°, and over the precordial area was heard a tumultuous noise which suggested pericarditis, but I now know that it must have been due to hæmorrhage.

Progress.—Patient was admitted to the Rondebosch Cottage Hospital on April 29th, when the heart's action had quieted down and loud hæmic murmurs were recognised, dismissing all suggestion of organic disease. The temperature was remittent, going up to 103° and 104°. Dr. Syfret, on the staff of that hospital, saw her with me, and while we discussed infective endocarditis, enteric fever, and even pernicious anæmia, to neither of us was internal hæmorrhage suggested. Blood counts showed a much diminished number of red corpuscles, with leucocytes in unusually large proportion. A pleuritic rub was heard on the left side after the patient had been in hospital about a week. During this time

she certainly got no worse, her temperature remained as at first, and she had no pain of any kind. After nearly two weeks in hospital the temperature came lower, reaching normal, and remaining daily intermittent for about a month more. The abdominal distension had gradually disappeared.

After the patient had been in hospital two or three weeks, *i.e.*, three or four weeks after the onset, metrorrhagia occurred, moderate in quantity, and continued about a week. As this returned in about two weeks, and irregular bleeding in small quantity continued at intervals of from one to two weeks, accompanied by slight pain in the back of the pelvis, it was recognised that gestation had been interfered with, although it was impossible that the patient could have aborted since she had been under observation in hospital, and she stated that there had been nothing passed prior to admission. A thorough examination was then made per vaginam, in the end of June, nearly two months after admission, when a tumour the size of a small orange, and not very moveable, was felt in the pouch of Douglas, while the uterus admitted the sound three inches.

The patient left the hospital to recuperate for the exploratory operation she wished to undergo.

The remarkable points about this history are the complete absence of abdominal tenderness, pain or vomiting, and of uterine bleeding, while the partial collapse, pallor, abdominal distension, hæmic murmurs, pyrexia, and a pleuritic rub were the only positive signs, in addition to three months' amenorrhœa and a tumour in the pouch of Douglas, which we had for diagnosis. I have no record of the pulse rate, which was not at any time suggestive. The usual pelvic tumours were discussed, and though hæmatocele was certainly mentioned, it was with no degree of confidence.

Operation.—August 10th. A tumour the size of a small orange was found in the pouch of Douglas, adherent to the left tube, but more intimately involving the right appendages, to which side the tumour was drawn. I divided the former adhesion between ligatures, and the right tube through the isthmus, a pedicle being formed on the distal side of the ovary, which was small and soft, and contained a recent blood-clot involving nearly half its bulk. The left tube and ovary were healthy. As the patient was in the Trendelenburg position, any fluid then present in the abdominal cavity would have gravitated towards the diaphragm, and none was seen. She never completely rallied from the operation, and latterly became restless with a running pulse, the mind being perfectly quiet and clear. Sir Edmond Stevenson, who saw her with me, suggested that hæmorrhage was going on, which appearances certainly favoured, and all efforts at restoration failing, the patient died thirty-six hours after the operation.

Autopsy.—The abdominal cavity contained one to two pints of fluid, slightly smoky in colour. No blood clot or sign of recent blood could be found, and the ligatures were counted and found intact in every case. Recent adhesions bound the left lung to the parietal pleura, the lungs themselves being healthy. The heart was somewhat enlarged and flabby, but competent, and there was no sign of pericarditis and endocarditis. The spleen and kidneys were congested, but not enlarged.

Tumour removed at operation.—This shows the small ovary described above, intimately connected by ligamentous tissue with the rest of the mass, which lies apparently between the folds of the broad ligament, and is dependent from the Fallopian tube, which forms its upper border. Along the lumen of this a bullet probe was passed, and the mass divided centrally down to the probe, which was thus exposed in its whole length. The substance of the tumour is evidently blood-clot, friable and dark brown, while its ligamentous covering is grey, smooth, and tough, and might have been the stretched wall of the Fallopian tube but for the ease with which the probe passed through the patent lumen of that tube prior to dissecting the tumour. The fœtus, enclosed in the bag of the chorion, is exposed in the centre of the mass of dry blood-clot, from which it has not been disturbed, and measured apparently about two-thirds of an inch.

I have drawn attention in the above case to the extraordinary absence of pain, vomiting, and uterine bleeding, but I have never been able to explain the marked course of pyrexia, which was a prominent feature of the case, till reading Dr. Cullingworth's Bradshaw Lecture of 1902, where he mentions one of his early cases of pelvic hæmatocele, which had a five days' course of pyrexia prior to the operation, although there was, as in the above, no putrefactive or other morbid alteration of the effused blood. He thought pyrexia was a commoner feature in these cases than his own figures indicated, and this suggestion I found helpful in explaining my difficulty. Left to itself, the pyrexia abated gradually as the patient recovered, and seeing that, from its size, the fœtus was long since dead, the operation, which was of an exploratory nature, turned out to be unnecessary.

In conclusion, I would draw attention to the fact that, although the onset of the illness was sudden, there was no fatal degree of hæmorrhage from the rupture. It was not a gradual leaking of blood from the fimbria which caused the hæmatocele, seeing that the latter does not surround the fimbria, but depends from the ampullary portion of the tube, which may therefore have ruptured gradually without producing the profuse fatal hæmorrhage we should expect, but only the partial collapse, the pallor, the pyrexia, with some distension, but no pain, metrorrhagia, or other suggestion of pelvic trouble.

Mossel Bay, Cape Colony.

BOOKS RECEIVED.—Luff's Gout and its Treatment, Thomson and Miles' Surgery; The Practitioner for July; Gaceta Medica de Costa Rica; The Journal of Obstetrics and Gynæcology; The Journal of Physiology; Schmidt's Jahrbücher der gesammten Medicin; Startin's A Skin Pharmacopœia.

At Out-Patients.

Case of Disseminated Sclerosis with marked cerebral symptoms.

Jane F., æt. 40, complained of inability to walk and numbness of the fingers, which prevented her from using her needle. She is married and has six children, none of whom are very healthy. She has for many years been troubled with rheumatism, almost all her joints having at one time or another been affected. Twenty years ago she fell about 15 feet on to her head, from a window which she was cleaning; she was unconscious, and was treated at St. Mary's Hospital for a fortnight for "concussion." However, she felt no further ill effects from the fall.

Her present illness dates from November, 1905, when she first noticed her legs were getting weaker; soon after this she became aware of a gradually increasing numbness of the fingers of both hands. Her eyesight, too, began to fail. On talking to the patient's husband it was discovered that her mental condition had recently become seriously altered; the memory had grown weaker, she was very irritable, and on two occasions she had had short almost maniacal attacks.

On examination it was found that the knee-jerks were very exaggerated, and ankle-clonus was easily obtained, the difficulty in walking being less due to weakness than to the fact that when she put pressure on the fore part of the foot the muscles went into a series of clonic contractions, giving her a peculiar jerky gait. A marked extensor plantar reflex of the big toe was present on both sides.

The movements of the arms were slightly incoordinate, and a moderate degree of intention tremor was present; there was also anæsthesia of the fingers.

The pupils reacted to light and accommodation. There was no nystagmus, movement of the eyeball in all directions being normal. Examination of the discs showed the presence of early optic atrophy. The peripheral field of vision was fair, but objects in the centre were blurred.

Dr. Hertz diagnosed the case as one of disseminated sclerosis, but pointed out that the mental symptoms were unusually prominent for an early stage in the course of the disease. The symptoms of spastic paraplegia occurring in a young adult were most suggestive of disseminated sclerosis; the intention tremor of the arms and the central scotoma, with early optic atrophy, the presence of which were subsequently confirmed by Mr. Eason, removed any further doubt as to the diagnosis.

Case with symptoms resembling those of Thomsen's Disease.

John T., æt. 53, complained of difficulty in turning when walking. He is one of several children, all of whom are quite healthy. He himself is a labouring man, and has always enjoyed the best of health. His illness, symptoms of which he first noticed about eighteen months ago, appears to have come on without any obvious cause.

On examination it was noticed that the first movements of any series of muscular contractions were attended with considerable effort and performed slowly, the subsequent contractions becoming easier and faster. Thus, on asking him to open and close his left hand as quickly as he could, he could at first only do so slowly, but after a few times he could open and close it at a normal rate; it was also observed that movements of one hand were always unconsciously imitated by the other, and even when his attention was drawn to the fact he was unable to prevent it. A similar difficulty and slowness with the first few movements was also seen when the patient was told to open and close his eyes rapidly. The difficulty of which he complained in turning was very manifest when he was told to walk, and then suddenly stopped and told to turn and walk back. In turning he took a number of short shuffling steps, and could only gradually face round. Turning to the left was performed more slowly than to the right. On starting to walk, especially if he was previously sitting down, he sometimes, but not invariably, took several short slow steps, but then walked quite normally till he was again stopped or told to turn.

Physical examination revealed nothing further abnormal in his condition, except a considerable degree of weakness in the movements of the left hand.

Dr. Hertz said that the symptoms corresponded very closely with Thomsen's disease, but he pointed out that there were two important points against this diagnosis. Firstly, the patient knew of no history of any similar condition in any of his relatives; and secondly, in all recorded cases of Thomsen's disease the symptoms manifest themselves at a much earlier age than that of the patient. He said that there was a very similar case in the hospital under Dr. Pitt, in 1905, which for similar reasons was decided not to be one of Thomsen's disease. Subsequently the electrical reactions of the muscles were tested, and found, as in Dr. Pitt's case, to be normal—additional evidence against a diagnosis of Thomsen's disease. Dr. Hale White, under whom the patient was admitted for a few days, thought that it was probably an unusual form of paralysis agitans, as the patient had a slight tremor of his left leg on standing, when he also held his arms close to his body flexed at the elbows, as is usual in that disease.

Case of Duodenal Ulcer with skiagraphic signs simulating an hour-glass stomach.

Henry, N., æt. 43, complained of pain in the stomach after meals, and sickness.

He had been quite well up to five years ago, but since then he had been troubled with indigestion. At first he only occasionally had pain, perhaps once or twice in a month, but lately the pain had become much more frequent, occurring for the last year after every meal. During the last year he had had a great deal of sickness, and for the last six months he had been sick every day. The pain comes on immediately after the patient has taken any food, and is only relieved by sickness. It is mostly located under the upper part of the right rectus and round the umbilicus. The patient has often noticed that the vomited material was black like coffee grounds, and that his motions were black. He has lost over a stone in weight in the last two years; this is probably due to the small amount he has eaten on account of the pain caused by taking food.

On examination the right rectus was found to be more rigid than the left. An area of skin, about two inches broad and directed obliquely from the umbilicus to the right costal margin was hyperæsthetic, and there was deep tenderness over the same region, but nothing abnormal could be felt in the abdomen.

Dr. Hertz thought that the length of the history without the presence of a tumour or wasting, more than what would be explained by the diminished intake of food, made a diagnosis of cancer improbable. The area of cutaneous and deep tenderness suggested a duodenal ulcer, but the occurrence of pain immediately after food was more in favour of a gastric ulcer, as the pain of a duodenal ulcer comes on later, and is often relieved by the taking of food.

A skiagraphic examination of the patient's stomach after giving him two ounces of bismuth carbonate in a basin of bread and milk, showed that there was a definite constriction between the cardiac and pyloric ends of the stomach, and that the latter was abnormally large. It was therefore suggested that the patient had a pyloric ulcer causing dilation of the antrum pylori, and also an ulcer in the centre of the stomach giving rise to an hour-glass constriction.

Mr. Rowlands operated on the patient and found that he had a large chronic ulcer on the upper and front surface of the first part of the duodenum. This no doubt gave rise reflexly to spasm of the pylorus, and so led to the dilation of the lower part of the stomach. There was no gastric ulcer, and the apparent bilocular condition of the organ was due to an exaggeration of the normal constriction between the body of the stomach and the pyloric end, as this was seen to come and disappear again during the operation. Mr. Rowlands performed a gastro-jejunostomy, and patient has done very well, having been free from pain since the day after the operation, which was performed three weeks ago.

Case of Astigmatism, with symptoms simulating Cerebral Tumour.

J. H., æt. 24, complained of constant and severe headache, with sickness and giddiness. He is a compositor, his work necessitating a good deal of eye-strain. Until six weeks ago he was quite well. He was then suddenly seized with a headache, which, he says, has never left him since; it is situated in the frontal region and has been exceedingly severe. He has also during the last month or so been troubled with attacks of giddiness, and has vomited after every meal without any effort or feeling of nausea.

On examination, it was ound that the front of patient's head was very tender on percussion, but the left side considerably more so than the right: there was no cutaneous hyperæsthesia.

Although the patient is a right-handed man, his right arm and leg were considerably weaker than the left limbs. Superficial and tendon reflexes were normal, and no anæsthesia was present. The pupils were equal and reacted normally. There did not appear to be any optic neuritis.

Dr. Hertz thought that the patient probably had a cerebral tumour in the cortex of the left frontal lobe pressing upon the left pyramidal fibres. The patient was sent to the eye department in order that the condition of the discs might be further examined. Mr. Ormond agreed that there was no optic neuritis, but found that the patient was suffering from severe astigmatism of both eyes, which he thought was sufficient to account for his symptoms. This proved to be the case, as the symptoms rapidly disappeared when the patient was provided with suitable glasses, and three weeks later the headache, vomiting, and weakness had entirely disappeared. The interest in this case lies in the fact that the headache, sickness, and giddiness were of the character associated with increased intracranial pressure, and that the tenderness of the left side of the skull, accompanied by weakness of the right arm and leg, pointed very strongly to the presence of a tumour under the tender area, but that all the symptoms were actually due to an error of refraction. This shows the importance of expert examination of the eyes before deciding on an operation for a cerebral tumour.

C. M. P.

Nursing News.

MATRON'S OFFICE.

Miss Violet Lulham, who entered the hospital as a Probationer for three years' training in February, 1902, and has since been on the Private Nursing Staff, and also District Nurse at Leigh, Surrey, has been appointed Probationary Medical Night Sister.

Miss E. C. Sleigh, Sister Constance, who has been acting as Second Home Sister, left the hospital on July 1st, to be married, and Miss Dorothy Woodward, who entered the hospital as a Probationer in November, 1901, and has since been on the Private Nursing Staff, has been appointed Probationary Second Home Sister. Before leaving the hospital, Sister Constance was presented with a silver-mounted cut-glass salad bowl by the Nursing Staff.

On June 1st, Nurse Schnittger, Head Nurse in the Isolation Wards, was transferred to Patience as Head Nurse, and Probationer O'Reilly was appointed to succeed her as Head Nurse.

On June 3rd, Nurse Alban left the hospital on completion of her three years' training, and Probationer Spurling was appointed to succeed her as Head Nurse in the Out-Patient Department.

On June 7th, Nurse Beloe, Head Nurse in the Theatres, and Nurse Stephenson, Head Nurse in Addison, left the hospital on completion of their training. Probationer Bartlett was appointed Head Nurse in the Theatres, and Nurse Peck transferred from Victoria to Addison Ward as Head Nurse.

On June 11th, Nurse K. Fraser left the hospital, on completion of her three years' training, to take up her duties on the Private Nursing Staff. Probationer M. Lloyd was appointed to succeed her as Head Nurse in Mary Ward.

On July 1st, Nurse Denney, Head Nurse in Stephen Ward, left the hospital on completion of her three years' training, and Probationer L. Wood was appointed to succeed her as Head Nurse.

On July 4th, Nurse Lawson, Head Nurse in Bright Ward, left the hospital on completion of her three years' training, and Probationer Grierson was appointed to succeed her as Head Nurse.

We regret to announce the death of Nursing Sister Annie Adeline Mackenzie, Q.A.I.N.S., of India, on May 28th, of enteric fever. The body was buried with military honours, the coffin, covered with white cloth, being placed on a gun carriage, and covered with the Union Jack. A number of officers and men followed the gun carriage, and on arrival at the cemetery gates the nursing orderlies, in white uniforms, carried the coffin to the grave, the officers of the Royal Army Medical Corps acting as pall-bearers, and the nursing sisters following immediately behind the coffin. Numerous wreaths and crosses were sent, amongst them being one from the officers' mess, 10th Hussars, and one from the Royal Artillery mess. Sister Mackenzie entered Guy's as a Probationer in 1901, and on completion of her three years' training joined the Private Nursing Staff, after which she went to the Scarborough Hospital as Staff Nurse for a time. She went out to India in September last, and during the short time she was at Rawal Pindi she was very popular amongst the nursing orderlies and the soldier patients.

Presentation to Guy's Museum.

The Trustees of the British Museum (Natural History) have recently presented numerous skulls of mammals to Guy's, and the gift has been gratefully acknowledged.

Guy's is justly proud of its Comparative Anatomy Museum, and welcomes any additions likely to prove useful for teaching purposes. Below is given a complete list:—

ORDER.

Marsupiala.
- Opossum. Didelphys marsupialis.
- Opossum (young) ,, ,,
- Kangaroo. Macropus.
- Kangaroo (old) ,,

Eutheria.

Cheiroptera.
- Leaf-nosed Bat. Phyllostoma hastata.

Cetacea.
- Dolphin. Delphinus.

Rodentia.
- Porcupine. Hystrix leucura.
- Marmot. Arctomys caudatus.
- Squirrel. Ratufa bicolor.

Carnivora.
- Hyæna. Hyæna.
- Mongoose. Herpestes.
- Cat. Felis.

Ungulata.
- Tapir. Tapirus.
- Wild Boar. Sus scrofa.
- 5 Tusks of Wild Boar. Sus scrofa.
- Wild Boar (Upper Jaw only). Sus scrofa.
- Goat. Capra.

Primates.
- Vervet Monkey. Cercopithecus pygerythrus.
- Vervet Monkey (young) ,, ,,
- Green Guenon Monkey ,, callitrichus.
- Baboon (young). Cynocephalus maimon.
- Gibbon (young). Hylobates.

Sport.

Guy's Hospital Rifle Association.

RESULTS OF MATCHES SHOT DURING SEASON.

GUY'S v. TONBRIDGE SCHOOL.

Simultaneous Match, June 26th.

We shot at Bisley and Tonbridge at Castle Hill. Conditions at both ranges were good. Teams of eight. Seven shots at 200 and 500 yards.

GUY'S.

H. J. Henderson	31	34	= 65
C. C. Holman	31	33	= 64
C. B. Ticehurst	31	32	= 63
L. L. C. Reynolds	29	33	= 62
H. L. Attwater	29	29	= 58
G. A. Blake	24	31	= 55
W. E. Wallis	26	29	= 55
R. G. Oram	26	26	= 52
	227	247	= 474

TONBRIDGE SCHOOL.

L.-Cpl. Saunders	32	31	= 63
2nd-Lt. Sawyer	30	32	= 62
Sgt. Heriz-Smith	30	32	= 62
Spr. Dooner	29	28	= 57
L.-Cpl. Freeman	26	29	= 55
L.-Cpl. Brown	32	23	= 55
2nd-Lt. Twyman	25	28	= 53
Spr. Richmond	25	27	= 52
	229	230	= 459

Guy's won by 15 points.

UNITED HOSPITALS v. SANDHURST.

June 29th. Owing to Messrs. Freeman, McIntyre and Ferguson, of St. Mary's, and Nash-Wortham, of Bart.'s, being unable to turn out, the team consisted of five of our Armitage team and one of Mary's. The match was most enjoyable, and, as will be seen, the result was very close.

UNITED HOSPITALS R.C.

H. J. Henderson (Guy's)	30	30	33	= 93
C. Heath (St. Mary's)	29	26	32	= 87
H. L. Attwater (Guy's)	31	29	27	= 87
L. L. C. Reynolds (Guy's)	29	30	27	= 86
C. C. Holman (Guy's	30	29	25	= 84
G. A. Blake (Guy's)	30	30	22	= 82
	179	174	166	= 519

Captain of team: H. J. Henderson (Guy's).

R.M.C., SANDHURST.

L.-Cpl. Cooper	33	32	31	= 96
L.-Cpl. Brooke	30	30	30	= 90
G.-C. du Stackpoole	33	26	29	= 88
L.-Cpl. Sharpe	27	32	28	= 87
G.-C. Selwyn	29	31	26	= 86
G.-C. O'Flynn	27	29	20	= 76
	179	180	164	523

Captain of team: Lance-Cpl. Brooke.

R.M.C., Sandhurst, won by 4 points.

GUY'S v. EPSOM COLLEGE.

Shot at Dorking, on Tuesday, July 2nd. Conditions were good. We could only get together a team of seven.

GUY'S.

H. L. Attwater	33	30	= 63
G. A. Blake	33	29	= 62
C. C. Holman	32	29	= 61
H. J. Henderson	30	30	= 60
L. L. C. Reynolds	27	31	= 58
J. M. Joly	25	29	= 54
W. E. Wallis	25	17	= 42
	205	195	= 400

EPSOM COLLEGE.

Alexander	26	25	= 51
Kendall	24	24	= 48
Law	24	24	= 48
Ardagh	24	22	= 46
Stack	29	15	= 44
Langley	26	22	= 48
Leigh	21	19	= 40
	174	151	= 325

Guy's won by 75 points.

INTER-HOSPITAL BISLEY CUP.

The shoot for the above Cup was held at Bisley last Thursday afternoon, and resulted in a victory for Guy's by four points.

Team and score:—

GUY'S.

H. L. Attwater	48
H. J. Henderson	44
L. L. C. Reynolds	43
R. G. Oram	43
C. C. Holman	42
W. E. Wallis	40
Total	260

ST. MARY'S	256
ST. THOMAS'S	214

Guy's Hospital Swimming Club.

GUY'S v. LONDON.

(INTER-HOSPITAL CUP.—FIRST ROUND.)

This Cup Tie was played at Aldgate Baths on Thursday, July 4th, at 9 p.m. Saunders was unable to play for us, but an efficient substitute was found in H. E. Perkins. Guy's lost the toss and started off from the shallow end. From the start Glover obtained the ball and passed back. Swimming up, the ball was passed forward to him again, and he scored with a beautiful shot. Soon after the re-start, Glover's man left him to rush for the ball, and from a neat pass over the head of his *vis-à-vis* he again scored. After this London pressed a little, but Clarke and Eskell were very safe. Eventually the ball came forward again, and Perkins passing over to Cole enabled the latter to send in a shot with which the goal-keeper had no chance. Half-time arrived just after this goal, and from the re-start we obtained a goal similar to the first, Cole being the scorer this time. London then woke up a little and pressed, obtaining two corners in succession. From the second of these Morris obtained possession and dropped the ball safe out of Eccles' reach in the corner of the goal. Glover replied to this with a lightning shot. Time was called soon after, Guy's winning by 5 goals to 1.

Team:—H. N. Eccles (goal), W. T. Clarke and P. R. Eskell (backs), M. E. Ball (half-back), T. P. Cole, H. H. Glover, and H. E. Perkins (forwards).

GUY'S HOSPITAL v. ST. BARTHOLOMEW'S.

(INTER-HOSPITAL CUP—SECOND ROUND.)

This Cup-Tie was played at the Holborn Baths on Thursday evening last, July 11th. Guy's had a full team out, and won rather easily by seven goals to one. From the start Glover obtained possession and passed back, receiving it again he passed to Ball who accepted an easy chance of scoring. The same player scored again immediately afterwards, and Glover put on two goals before half-time. After changing ends, Glover again scored twice in quick succession, his second shot, a back-hander, entering the very corner of the goal. After this, a goal was scored for Bart.'s from a very long shot which Eccles could only just reach with his finger-tips. Just before the finish Ball scored another goal for Guy's, who won as stated.

Change of Address.

Colonel H. J. W. Barrow, R.A.M.C., from Lahore to Dalhousie, Punjab.

Major W. G. Beyts, R.A.M.C., from Ambala to Sabathu, Punjab.

Captain Brooke Churchill, R.A.M.C., from Cawnpore to Chakrata, Punjab.

Dr. C. W. Greene, from Surrey Dispensary, London, S.E., to The Infirmary, Gloucester.

Captain H. Crewe Keates, I.M.S., from Fort Lockhart, Samana, N.W.F.P., to Bannu, N.W.F.P., India.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

Appointments.

Medical School Appointments.

The following appointments have been made by the Treasurer upon the recommendation of the Medical Council:—

Clinical Assistants in the Medical Wards.—Messrs. T. E. A. Carr (Dr. Hale White); J. W. Grice (Sir C. Perry).

Clinical Assistant in the Surgical Wards.—Mr. H. H. Moyle (Mr. Dunn).

Ophthalmic Dressers.—Messrs. B. H. Palmer, A. W. Ewing (Mr. Eason, August 1st); H. Shahin (Mr, Ormond, August 1st); C. S. E. Wright (Mr. Eason· September 16th); H. C. Lucey (Mr. Ormond, September 16th).

Surgeons' Dressers.—Messrs. D. C. Druitt, H. W. Heasman, A. E. Rayner (Mr. Golding-Bird); D. Allan, H. J. Janmahomed, H. Lee (Mr. Symonds); A. D. Vernon Taylor, T. Stansfield, S. H. Browning (Mr. Lane); H. R. Mullins, W. E. Wallis, V. Townrow (Mr. Dunn).

Obstetric Dressers.—Messrs. F. J. Cutler, H. B. Carter, A. N. Leeming (Dr. Horrocks); J. B. Dunning, T. Evans, W. Johnson (Mr. Targett), (September-October).

Pathological Assistant to the Surgical Registrar.—Mr. H. Chapple.

Externs.—Messrs. A. N. Leeming, R. P. M. Roberts, J. B. Dunning, A. H. V. St. John, F. J. Cutler (August); L. T. Dean, H. E. H. Mitchell, H. B. Carter, H. O. Brookhouse, K. H. Hole (September); S. S. Brook, L. Mandel, A. E. Lees, P. S. Price (October).

Civil.

BIGG, E., M.R.C.S., L.R.C.P. Lond., has been appointed District Medical Officer of the Bingham Union.

GREENE, C. W., M.B., B.C. Cantab., M.R.C.S., L.R.C.P. Lond., has been appointed Senior House-Surgeon at The Infirmary, Gloucester.

MORLAND SMITH, T., M.R.C.S., L.R.C.P. Lond., has been appointed Honorary Medical Officer to Out-patient Department at the Royal Boscombe and West Hants Hospital.

WILTSHIRE, H. P., B.A. Cantab., M.R.C.S., L.R.C.P. Lond., has been appointed Certifying Surgeon under the Factory and Workshop Act for the Hemsworth District of the county of York.

Dental News.

ANNOUNCEMENT was made in the Dean's Prize-day Report of forthcoming changes in the Dental School. Hitherto the dental students before entering at Guy's have had to be "signed up" by a dental practitioner for three years' mechanical work under his direct supervision, generally in his own workshop. The third year of this apprenticeship, or part of it at all events, was permitted by arrangement, if possible to run concurrently with the student's first year at Hospital. This was not possible without the dental practitioner's consent, and such an arrangement would be an act of courtesy on his part. Thus the minimum time in which the diploma of L.D.S. could be taken was four years.

Under the new arrangement, a certain number of students will be able to be "apprenticed," as it were, to the hospital, and do their mechanical dentistry entirely there, without "serving" at a dental practitioner's workshop at all. The most obvious benefit in this arrangement is to the provincial student, who otherwise would not have been able to attend two places at once. The length of his period of studentship will thus be able to be considerably shortened. Another great advantage to be gained by those availing themselves of this new condition is that, here at Guy's, they will be able to attend the elementary science lectures and take their Preliminary Science examination during their first three years at hospital. According to the present law, the authorities will have to ask their own permission for this to take place, and it will be an act of courtesy on their own part towards themselves to allow it.

The old system, which now thus begins to die, was one of the few remaining conditions of true apprenticeship in this country. In medicine it has long since disappeared, but is still found in law. Can this be the beginning of the end, and will apprenticeship be stamped out entirely in ten years' time? It would seem so, arguing from what has happened in medicine: and in the writer's opinion complete attendance either at one place or the other seems more satisfactory than a half-and-half arrangement.

Guy's Hospital Rifle Association.

As we go to press we publish elsewhere the result of the Inter-Hospital Bisley Cup, which Guy's have again been successful in winning. We heartily congratulate the team on a most successful season, in which they won both the Armitage Cup and the one referred to. It is scarcely necessary to say how much this result has been due to Mr. H. J. Henderson, the energetic secretary of the Association. A great acquisition this season was Mr. H. L. Attwater, who headed the score-sheet on many occasions, and has had no small share in the excellent results.

From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS.

Births.

JAYNES.—On June 21st, at Jamaica Road, S.E., the wife of Victor A. Jaynes, Surgeon, of a son.

MILTON.—On June 17th, at Southernhay, Eltham, the wife of William Tayler Milton, M.D., M.S. Lond., of a daughter.

(This announcement is repeated because there is an error in the notice which appeared in our issue of the 29th ult.)

NEWNHAM.—On July 10th, at 3, Lansdown Place, Victoria Square, Clifton, Bristol, the wife of Dr. W. H. C. Newnham, of a daughter.

Marriage.

WILKES—ELLIS.—On the 12th June, at St. Mary's Church, Ealing, by the Rev. G. Gardener, John Hamilton Wilkes, L.D.S., son of the late Surgeon-Major Wilkes and Mrs. Wilkes, Eversley, The Park, Ealing, to Annie Chester, only daughter of the late Captain T. Ellis and Mrs. Ellis, of Liverpool.

Deaths.

PYWELL.—On July 3rd, William Hodgson Pywell, M.R.C.S., L.R.C.P., of 174, York Road, Lambeth, and 40, Studley Road, Clapham, aged 62.

THORP.—On July 2nd, at Elgin Crescent, Bayswater, Sidney Thorp, M.R.C.S., aged 63.

ED.—M. E. B.

GUY'S HOSPITAL GAZETTE.

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The Long Vacation.

THE close of July brings with it the close of the Session, and to very few of us up here does it come unwelcomed. But it is only to the first and second year's men that it means two months' holiday; to the rest comes either none at all or just a few days away.

For it is the great feature of a hospital like this, the thought of which must always arouse some feeling of pride, that its work never leaves off. The largest furnaces are allowed to burn out sometimes, the wheels of the busiest mills occasionally come to a stop, but for no minute during a whole year does the work of a hospital cease. No officer in the surgery or wards can leave even for an hour unless his place is taken by another. This being the case, the word "holiday" is not to be found in a hospital vocabulary, for though to individuals a brief rest is possible, to his office it is not, and by the authorities and the public is not recognised. For any patient in the front surgery there are always at hand two Dressers, an O.P.O., a House-surgeon and a House-physician.

When October comes, and everyone is at his work again, we shall miss many familiar faces. At this time of the year "general post" is the order of the day, and in the general scuffle some escape, to be seen, alas, no more. The saddest part of one's hospital career is in one's last year, when the friends of five or six years melt slowly away into the world and are seen no more, and it is at the end of July that the greatest number of departures from our ranks are to be noted. May every success in appointments or general practice attend those who are now leaving, and may they always have the tenderest recollections of their sojourn in the Borough!

Passim.

A VERY large company of sisters and nurses and members of the visiting and resident staff took advantage of Mr. and Mrs. Cosmo Bonsor's invitation to Kingswood on Wednesday and Thursday, July 17th and 18th. On both days the weather was perfect, and Mr. Cosmo Bonsor's gardens and grounds can never have looked more lovely than they did last week, bathed in the first summer sunshine of the year. Every tree had put forth to its fullest, every leaf on tree, shrub, and lawn was at its greenest, and all day long the sun responded its brightest (and the sky its bluest). Mr. and Mrs. Cosmo Bonsor received their guests on the lawn, and after an excellent lunch the visitors dispersed

to various parts of the grounds, where sports, pastimes, and amusements of very varied characters were awaiting discussion. Here every taste was arranged for; the energetic played tennis or croquet, while for the others there were a switchback, see-saws, swings, drives, golf croquet, clock golf, and competitive games with various more or less hard missiles.

All enjoyed themselves immensely, most people having a "go" at everything. Mr. Hicks proved himself a past master at croquet, and Mr. Lethbridge cut and drove with great power at stump cricket. The only danger, if any, was to stand behind anyone in a blue dress, carefully aiming a heavy stick at an Aunt Sally. *Affaires de cœur*, and otherwise, were dealt with by an expert fortune-teller, who sent everyone away smiling. See-saws groaned and creaked unceasingly, and swings were in perpetual motion from three till six. All of everyone's favourite songs and dances were being played the whole afternoon by a most delightful orchestra, and Mr. and Mrs. Cosmo Bonsor were moving about the whole afternoon entertaining and chatting to their guests. After an afternoon, which passed only too quickly, supper-time arrived, following which exhibition runs on the switchback were given. Mr. Vandermin then called for three cheers for our host and hostess, and then everyone returned by special train to London Bridge.

For those who are for the greater part of their time compelled to stay in the dry and dusty atmosphere of the Borough, a day spent in this most attractive part of the Surrey Hills was doubly welcome. We are sure all who were able to go down to Kingswood are very thankful to Mr. and Mrs. Cosmo Bonsor for thus affording them a breath of fresh air, which came to everyone as almost a surprise after such an apparently short journey. Everything which could be done to make the visitors feel that they were welcome, was; and we are lucky at Guy's in having for Treasurer one who takes such a lively interest in the resident and nursing staff.

As a sequel to the Charity performances at the Surrey Vaudeville Theatre mentioned in our last issue, the directors have handed to our Treasurer a cheque for £37 9s. 6d., and the secretary also sends another cheque for £33 6s. 8d., a portion of a special fund placed at the discretion of the directors by a donor who wishes to be anonymous. The secretary writes to say that the directors have allotted this further sum in recognition of the courtesy and attention shown to several members of their staff at the Hospital, for which they are grateful.

This further example of the generous way in which those connected with the theatrical profession will give special performances in the case of managers, and services in the case of individual performers, cannot but impress on us the unselfish devotion to the cause of charity on the part of actors and managers so frequently repeated, and fills us with gratitude. We should remember also the difference between special-priced charity performances—where the burden, none the less generous, is borne largely by the audience—and ordinary performances in aid of charity here in the suburbs, where the total loss falls on the management, the audience probably unaware that the entertainment is in aid of hospitals. For this further reason, then, we should all be especially thankful for this benefit.

An excellent paper on "Sugar, and the Etiology of Appendicitis," by Dr. W. E. Plummer, appeared in the May issue of the China *Medical Journal*. Dr. Plummer has been interested in this subject because of the rareness of appendicitis in China. After establishing this as a fact

by communicating with over one hundred and sixty medical men, he sought the reason by comparing the diets of the Chinese and of Europeans, and with excellent arguments he strikes every article of European diet out of the possible causes for the increase of appendicitis except refined sugar. Many of the suggested effects of modern dietectics, which have been discussed in papers here, he finds equally applicable to the Chinese. Thus, insufficient mastication and the use of soft refined cooked foods are the order of the day in China.

The tinned-food idea he dismisses by saying it seems sufficient to mention that appendicitis is most common, in Europe and America, amongst the classes who are not given to the use of these foods.

Altogether, if the etiology of appendicitis is to be found in diet, Dr. Plummer makes out a very good case for refined sugar, which is practically not known amongst the Chinese; and his paper is well worth a careful study.

We are asked to acknowledge an anonymous donation of 12s. to the Miller fund. Mr. Croucher asks us to say that the fund is by no means closed yet, and he will be glad to receive further sums.

The Royal Sanitary Institute are arranging an Exhibition of School Building and Furnishing Appliances next month at the London University, South Kensington. The Exhibition will commence on August 10th, and will last until the 14th, and will take place in the Great Hall and East and West Galleries. Guy's men are invited to attend the Exhibition, which is in connection with the second International Congress on School Hygiene. Tickets may be obtained either from the Library or the Medical School Office.

We announce that the Gazette will be published twice in August, not leaving one issue out, as has been the arrangement in previous years.

Congratulations to Mr. Thompson, who was elected Hunterian Professor of the Royal College of Surgeons for the ensuing year at a quarterly council on July 11th. Mr. Thompson will deliver two lectures during the year.

A great improvement in Bell's Department is the recent establishment of a brand-new refrigerator. The advantages gained by its presence there are too obvious for us to dilate upon here. We hope, if possible, to give an account of the refrigerator when we have more available space. Mr. Saltmarsh, the Hospital Engineer, is once more to be congratulated on a very useful and skilful piece of work.

An important step in the advance of London Hospitals takes place to-day in the laying of a foundation stone to the new buildings of the West Ham and East London Hospital. The developments of the Hospital which will thus be started are to be very extensive; and we are informed that the additions to be made have been long needed in this most populous and crowded part of London. It is a feature of our times that as increase of building takes place in the suburban districts, hospitals appear; and, almost in proportion as the amount of building of houses increases, so do extensive alterations and additions to the hospitals take place.

South London is often said to be the worst-off part of the Metropolis in respect to the number of its hospitals. If this be so, the reason surely is that the bulk of its huge growth has taken place within the last two or three decades; and there has not yet been time, nor has the demand yet arisen, for the building of a large number of hospitals. After all, it is

amongst the factories and busy streets, and near the large railway termini, that they can be of most use to Greater London. We wish the West Ham and East London Hospital every success in their new undertaking.

THE universal expression of opinion that sport needs waking up will arouse in most of us the instant thought of some form or other of sport which is thoroughly awake already. At Guy's we can at least speak with no little pride of our tug-of-war team, which Mr. Oram, after much trouble, got together, and which has scored successes this season. Tugging-of-war is a game which has been much in abeyance for some years, and it is therefore all the more welcome to know that we have a team which will turn out regularly and practise. Our team won the tug-of-war competitions at the United Hospitals Sports and at the London University Sports, and were only just beaten by a burly team of blue-coated guardians of the law at Sunbury on Thursday. We congratulate Mr. Oram and his men on their successes.

THAT "noisy-without-being-musical" concern of the Surgical Buildings, which has been spoken of in poetry and in prose many a time—the "surgical elevator"—is having something done to it. It is impossible to tell what will happen in the end, but a new door has already appeared to its colonnade entrance. However, we welcome the alterations; in some cases we can welcome alterations without knowing anything of their nature. It is to be hoped that the workmen will confine their attentions not so much to the beautifying of the entrances as to the running at all of the body of the lift.

IT is rather a pity that the busiest time of the surgical "firms" should apparently coincide with that of those whose duty is to convey coal and other domestic articles to the top floor.

Pass List.

UNIVERSITY OF LONDON—M.D. Examination, July, 1907.—Branch I., Medicine.—*J. R. Steinhaeuser, R. O. Williams.

*Obtained the number of marks qualifying for the University Medal.

Branch IV.—Midwifery and Diseases of Women.—F. T. H. Wood.

FINAL CONJOINT EXAMINATION, July, 1907.—Medicine, Surgery and Midwifery: *R. G. Chase, *E. P. H. Joynt, *L. Croft. Medicine and Surgery: *M. A. Rahman, A. N. Leeming, *H. F. Joynt, *S. H. C. Air, *C. F. L. Leipoldt, *J. N. Watson. Medicine and Midwifery: *H. B. Carlyll, A. W. Ewing, W. W. Cook, M. J. Rattray. Medicine only: *J. E. Hodson, A. L. Foster, *E. P. Minett, J. W. Grice, A. F. W. Denning, B. H. Palmer, G. W. Dryland, R. B. Dawson, J. B. Martin, H. J. B. Cane. Surgery only: E. B. Hinde, M. D. Price, G. G. Timpson, *W. C. M. Dickey, *H. P. Aubrey, *P. J. Kolaporewalla. Midwifery only: *J. G. Phillips, H. Stott, W. G. Pinching, C. E. Price, F. J. Kolaporewalla.

* Denotes completion of Examination.

Change of Address.

Mr. H. P. Aubrey, L.D.S., from 12, Trinity Square, S.E., to 40, Curzon Street, Mayfair, W. (Telephone: 4602 Gerrard).

Dr. J. B. Copland, from the General Hospital, Tunbridge Wells, to Banks Terrace, Sheerness.

Dr. Ronald E. French, from Florenceville, Grove Road, Sutton, Surrey, to 24, Oatland Road, Burgh Heath, Surrey.

Dr. H. V. Mitchell, from Surbiton, to Victoria Road, Tamworth, Staffordshire.

Dr. Philip Randall, from Aldermary, Rodway Road, Bromley, to Tower House, Tweedy Road, Bromley.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

Appointments.

Naval and Military.

Fleet-Surgeon CHARLES M. BEADNELL, R.N., has been appointed to the *President*, additional, for three months' course at West London Hospital.

Fleet-Surgeon NORMAN L. RICHARDS, R.N., has been appointed to the *Tenedos*.

Surgeon-General F. W. TREVOR, M.B., A.M.S., is appointed Principal Medical Officer 6th (Poona) Division.

Lieutenant F. J. TURNER, R.A.M.C., is promoted to be Captain.

Papers for the Newly Qualified.

VII.—Extremes are dangerous.

A YOUNG man (20–30 years old) is bothered because of a little rash on his arms, or shingles round one side, or perchance he has a headache daily, or other small indispositions. If you have seen him before you will notice at once that *he has got stouter*. Probably he has newly married, and his loving wife has been looking after him well—too well! Or he may be a commercial traveller who, on his journeys, stays at good hotels, and of course "we do live well then."

Here is a chance for Professor Chittenden to step in. It is good now and again to miss a meal, or if this is too cruel, turn into a vegetarian restaurant for three alternate days in the week. This advice will certainly do good, but pray do not go too far and produce a patient who annoys his family and the restaurant keeper by stating, as solemnly ordered by his doctor, that he can eat no vegetables which in any way grow out of sight in the ground. Right medicine will help him to digest the good and to dispose of all superfluous rubbish.

A young man or woman, younger than our stout friend, say between 17 and 20 years of age, finds the day too long. He or she gets done up by mid-day or by tea-time. Perhaps a cough is an added complaint or some form of indigestion. Above all this, however, "My friend! *You are decidedly thinner* than when I saw you last."

Working overtime, night after night, will kill a growing boy or girl, by way of phthisis most probably. A lunch of milk and biscuit between breakfast and mid-day dinner, a boiled egg at tea-time, and besides supper some liquid meat extract to drink in the night, if wakeful, along with an iron tonic, will bring about an increase of weight, and save many a precious life that, from force of circumstances, cannot get away for months to the country or seaside.

I knew a young lady who had such a dread of putting on flesh that she drank largely of lemon water, while abstaining from ordinary food. Her thinness went on to phthisis, of which she died under thirty years old.

FINGER POSTS TO ALCOHOL.

a. A tremulous tongue.

b. A trembling hand, at its worst before and up to 11 a.m.

c. Retching in the morning, which comes on directly the feet are put to the ground and on cleaning the teeth. This tells of too many whiskies with the pipe over night, or some equivalent in the shape of a dinner with champagne *ad libitum*.

d. Two or three loose motions in the morning early is a common habit with those who irritate their colon with excess of alcohol day after day. Heavy drinkers are never costive, and if you get an assent to the above form of relief you may be pretty sure of your diagnosis.

e. Bleeding from the rectum is quite common with those who take too many glasses of ale or even stout. The blood follows the motion, and comes from veins distended with blood associated with the liver. This bleeding is merciful, and takes off pressure and tension from parts where it could ill be borne.

Alcohol hypertrophies the heart and damages the circulation in general. As a result I have noticed a vague blueness of the skin of the extremities, seen easiest (because it is uncovered) in the face. It is quite apart from the coldness of the weather, and is not patchy or showing swollen capillaries, but is a cloudy bluish greyness spreading from the ears over the whole cheek on both sides, leaving little or no white skin. This tells of an insidious poison, the signs of which the sufferer may hardly be cognisant of.

AFTER THIRTY YEARS.

Reviews.

The price of books submitted for review should in every case be stated.

The Uses of Röntgen Rays in General Practice. By R. Higham Cooper. (Baillière, Tindall & Cox.)

This little book, of some ninety pages, is an attempt on the part of the author at helping the general practitioner in the uses of X-rays in general practice. The author very truly points out that the uses of X-rays in medical and surgical work is on a definite scientific basis, and should not, as we fear is too often the case, be left to an instrument-maker or one who has no medical knowledge. There is nothing new or original in the book; the physics of X-rays and the apparatus are briefly described—in fact, too briefly to be of much use to anyone,—and the more common diseases with their appropriate treatment are discussed in the shortest manner possible.

Case for Diagnosis.

H. H., aged 52. His mother had died of phthisis at the age of 35. His family history otherwise was good.

He was a man of extremely regular and temperate habits, married, with three grown-up healthy children. He had enjoyed most excellent health until last August, when he had severe hæmaturia lasting for ten days. Nothing abnormal could be discovered in the urine, there were no casts, and shortly afterwards the urine was perfectly normal. There was no constitutional disturbance.

In December he had an attack of orchitis on the left side with pyrexia, and considerable constitutional disturbance, with furring of his tongue, which lasted for fourteen days. This gradually cleared up.

In February he had an attack of urethritis. Three drams of pus was the greatest amount on any day. This attack lasted for three weeks; there was no temperature, and it cleared up without any special treatment. The causation of it was undetermined.

In March he began to feel ill, and it was found that he had some pyrexia, and since then his temperature every day has been more or less raised.

April 17th. There has been some pleurisy in the lower part of the right chest. The daily oscillations of temperature have increased, the temperature being subnormal part of the day, and then once or twice in the day running up to 102° or 103°. There has been more or less expectoration, which at one time was slightly blood-tinged, but afterwards was mucopurulent; the amount was not much, and latterly has ceased. His stools have occasionally been somewhat clay-coloured: his liver at one time seemed to be slightly enlarged, although later on this was not obvious.

On April 21st he had a rigor, and between that and May 15th he had some six or eight severe ones, the temperature running up to over 103°.

On April 25th it was found that his urine was laden with albumin, also contained a trace of blood and oxalate crystals.

On April 30th he had an attack of vomiting; he was put upon urotropine and gradually the albumin disappeared from his urine. Since then he has vomited almost daily, and on May 15th his urine contained a considerable amount of albumin, but there was no deposit. His pulse has varied from 80 to 100, his respirations 24, and the temperature from 98° to 102°. He is extremely weak; there is a little fulness in the region of the right kidney, but nothing definite. He is somewhat stout; there is a slightly increased resistance in the region of the liver; there are moist sounds scattered over the lung, and the expectoration often contains small pellets of blood. The heart sounds are very faint, and it was difficult to make out much as he was having a rigor while he was under examination, but apparently there was no bruit heard when he was lying on his back, but when lying over on his left side a definite soft blowing systolic bruit was audible at the apex traceable for a short distance towards the sternum, but not outwards. The spleen is not enlarged; the testicles are normal; there is no trace of any discharge from the urethra; on a rectal examination the vesiculæ seminales and the prostate feel normal; there is no tenderness nor fulness, but there is possibly some slight, ill-defined thickening higher up almost out of reach. In the right iliac region no evidence of any inflammation in the region of the appendix can be made out. The urine contains ·5 per 1,000 of albumen with a large number of epithelial casts and a few granular ones, also a few red blood cells and numerous renal cells.

May 25th. An examination of the blood showed the red cells 54 per cent., hæmoglobin 50 per cent., leucocytes 22,500, small lymphocytes 3.3 per cent., large lymphocytes 3 per cent., polymorphic 93.7 per cent.

He has become much more septic; his face is sallow; he is more profoundly anæmic, and he has dropped down more into the bed. The vomiting persisted for some two or three days after the last visit, and was accompanied by an extremely troublesome hiccough, both of which, however, were relieved by tincture of iodine. During the last ten days he has had no rigors, but he is constantly shivering, and for three days he was absolutely indifferent, passing urine and fœces under him, perfectly passive, and taking no interest in anything. His tongue is slightly furred, but not dry. He was got out of bed on one occasion and fell forward in a helpless way, but did not actually faint. He has no paralysis; his legs are drawn up; they are wasted; the reflexes could not be made out definitely, but nothing abnormal was noticed. His spleen is not palpable; the abdomen is supple, and not distended. He has no pain anywhere, nor has he ever complained of any. There is no local disease detectable in his lung. The motion which he passed to-day was slightly flattened, and this condition has been noticed previously.

The mucous membrane of the rectum is slightly œdematous; the rectum itself is ballooned, but nothing abnormal could be made out about the prostate. The apical systolic bruit is more obvious than it was, but it is still a soft one and quite local. The pulse has gradually been increasing in rate, and when his temperature was up yesterday it ran to 140°, and to-day his pulse is 120.

Discuss this case, give your diagnosis and prognosis and the treatment you would have recommended.

Indicate also any further means you would suggest which might have been useful in assisting you to come to a correct diagnosis.

What appearances would you expect to find at a post-mortem examination?

The above case was set for commentary in the examination for the Treasurer's Gold Medal, in June, 1907. Notes on the case will be found in our next issue.

"Cerebro-spinal," and other Varieties of, Meningitis.

CLINICAL LECTURE BY DR. FAWCETT.

June 5th, 1907.

GENTLEMEN,—I wish to bring before your notice to-day several cases of meningitis which I have had the opportunity of investigating lately in the wards or in the post-mortem room, the first one being of the "cerebro-spinal" type.

CASE 1.—The patient is a boy, æt. 8 years, who was admitted into the John ward on May 10th last. His illness commenced, with vomiting, on May 5th; previously he had been quite well. The next day he was again sick and suffered from headache, which was still present on admission. Before admission to hospital he had been extremely restless, perspiring freely, and as the clinical report says, "throwing off his clothes and shouting at his mother."

Condition on admission.—The patient lies in bed on one or other side with his head much retracted. Tache cerebrale and Kernig's sign were present. The muscles of the body generally, especially of the neck and limbs, were rigid and somewhat tender; the lower limbs were flexed. The child was very irritable, complaining of pain on movement. The temperature was 101°; the course of the temperature is seen from the chart. The eyes were examined, and the right optic disc was thought to be somewhat blurred, possibly an early optic neuritis. There were no physical signs of disease elsewhere.

May 18th.—The retraction of the head was slightly less marked, and the patient talked a little to the nurse. The patient did not experience so much pain on being moved in bed, that is to say, the muscles were not so tender, and he was no longer so irritable as he had been.

May 19th.—The temperature was beginning to fall. On May 21st lumbar puncture was performed, and about 5 c.c. of a somewhat turbid fluid were removed, which, on examination, was found to contain meningococci, and an excess of polymorphonuclear cells. The following day the head was less retracted, and the patient distinctly more intelligent; from that time he has progressively improved. Two or three days later it was noticed that he was lying in bed with his legs extended, and again, a few days after, he answered questions intelligently which he had not done before. He also began to take an interest in things around; he helped himself to oranges, played with some paper dolls, enjoyed his meals and asked for more.

On May 30th, the improvement was maintained, his progress exhibiting some variation, but on the whole being distinctly favourable. By this date, too, it was noticed that his eyes, which on admission had a very staring look, were less widely open and staring, and he evidently saw things much better than he had done before, often following with his eyes any people who were moving about the room. In the earlier stages of the illness there had been definite limitation of his visual field, as it was only when objects were placed right in front of his eyes that he saw them, and even that degree of recognition of objects did not begin for some ten days or so after admission.

There is nothing more about the history of the case that I need refer to; it is quite clear, from the symptoms I have described to you, that the patient had meningitis of the cerebro-spinal type, this being confirmed bacteriologically; the most marked signs were the persistent retraction of the head, the tenderness on movement, associated with rigidity of the body muscles generally, and flexion of the arms and legs. There was no sign of disease of the ear or of the throat.

Remarks.—However carefully a clinical diagnosis may be made, it is, in some cases of meningitis, impossible to say to what particular variety it belongs, and of this I shall give you a striking example later on. But here, in addition to the symptoms which are characteristic of the cerebro-spinal type, the meningococci were found in the spinal fluid, and there was also an excess of polymorphonuclear cells which is commonly found in the "cerebro-spinal" form of meningitis.

The difficulty of diagnosis in the early stages of many acute cases of meningitis is very great, because there are a number of acute specific infections, such, for example, as scarlet fever, diphtheria, pneumonia, acute anterio poliomyelitis, and toxæmic manifestions of different kinds, which at the onset suggest a "cerebral" origin, and we may have to wait some days before we can decide what is the cause at work. In some of these cases lumbar puncture is undoubtedly useful, as it was in this case, and there are certain characteristics about the fluid which I will therefore mention; for instance, if the fluid is quite clear and free from albumen and cells, it is very unlikely that the case is one of

meningitis. On the other hand, if albumen and cells are present they indicate meningitis, and in cases which are due to infection with the meningococcus, the pneumococcus, or a streptococcus, the cells are chiefly of the polymorphonuclear type, while in tuberculous cases and in chronic cases of meningococcal infection the cells are chiefly lymphocytes.

A cultivation made from the blood may also help you; in the case of pneumococcal and streptococcal infections the bacteria have been frequently cultivated in meningitis cases. On the other hand, in cases due to infection by the diplococcus intracellularis of Weichselbaum, we do not usually find the diplococci, or meningococci as they are commonly called, in the blood: *e.g.*, Dr. M. H. Gordon refers to a series of 24 cases of cerebro-spinal meningitis recorded by Elser, in which the blood was examined, and in only ten cases were meningococci found. Despite this fact, it is, no doubt, important to try and obtain cultivations from the blood, as witness a case related by Dr. Gordon, in which the meningococci were found in the blood, having given rise to a general septicæmia, and not to those signs and symptoms by which "meningococcal" affections usually manifest themselves.

The cases I shall tell you of to-day I have classified according to the organisms which cause them, and it is to the different clinical manifestations of the "meningococcal" infections that I wish first of all to draw your attention. The different types of the disease are shown in the fact that the same organism causes the varieties known as "posterior basic meningitis," the so-called "simple meningitis of children," the sporadic and epidemic forms of cerebro-spinal meningitis. There is little doubt that the posterior basic meningitis, so well described by Lees and Barlow, is the sporadic form of cerebro-spinal meningitis, and this form we see frequently in hospital and have known it for some years, although the cause was not recognised till comparatively recently. But, as I have said, cerebro-spinal meningitis presents itself in very varying forms, and even sporadic cases may run an acute course such as is usually met with in epidemics.

The case I have just related to you to-day may be described as one of the intermediate class. It presents a typical picture of the disease. I should like you to go and look at the boy. The retraction of the head has been very striking, but it is passing off now. He has been ill four weeks, and is apparently recovering; it is, of course, quite possible that he may relapse again, a characteristic of some forms of the disease.*

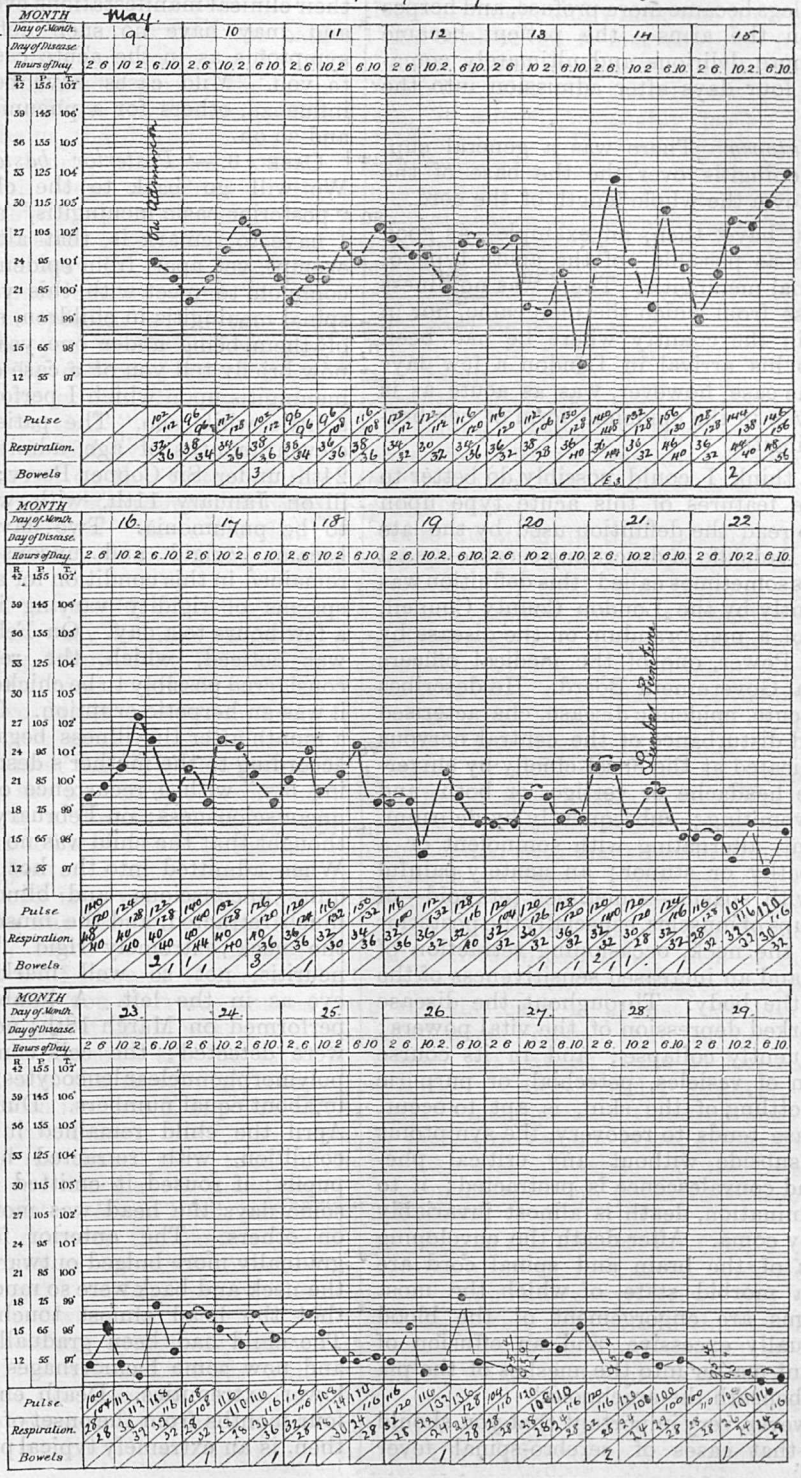
There has been no rash in his case, but in some cases there is an erythema or an urticaria, a purpuric or an herpetic eruption, of which the herpetic and the purpuric forms are the most common. With regard to the eyes, you heard me say that we were doubtful as to the presence of optic neuritis, and I looked at them again yesterday, and was still somewhat doubtful. What I should like you to remember is, that in this form of meningitis inflammatory changes in the disc are less common than in tuberculous meningitis. We could not say that this boy was ever totally blind, but he certainly could not see, during the first stage of his illness, anything like so well as a normal person, and he is now gradually recovering from his defective vision. The pupils are very variable in these cases; sometimes you find them contracted in the earlier stages and dilated later on: there is very often a squint, and our boy had one for about a fortnight. One of the characteristic features, in addition to those I have already mentioned, viz., the retraction of the head and the tenderness of the muscles, is the retraction of the eyelids, so that the patient has widely open, staring eyes; it was very striking at first in our patient, and still is so.

CASE 2.—Now I will refer to a case of the most acute type, the type which is commonly met with in epidemics. John S., æt. 19., was admitted under my care into "Clinical" on April 22nd, 1900. He was a barman, and had always been healthy previously. He was quite well up till midnight on April 21st, when he was sick. The next morning he had earache, and at 1 p.m his temperature was 105°. At five o'clock that evening he was unconscious, and he became delirious during the night. When he was admitted into the hospital the face was flushed and the skin hot; he was highly irritable, groaning with pain and shrieking whenever he was touched. You remember my mentioning how our present patient shouted out when moved. On the legs and arms there was a mottled morbilliform rash fading on pressure. There was no evidence of disease anywhere else in the body, including the ear, the throat, and the nose. During the next few days the patient became gradually more delirious; he had severe pains radiating down his arms at intervals, and

* The boy got quite well and was discharged from the hospital to a convalescent home in July, 1907. He still had a somewhat staring expression, but was quite lively and intelligent, and his sight and hearing were apparently unimpaired.

Ward Isolation Clinical No. of Bed Admitted 9.5.07 æt. 4yrs. Name Thomas Johnson No. in Vol.

Case T.



also in the region of the right hip. The mottled rash on the legs became more profuse, and herpes appeared on the arms; the patient became gradually more delirious and ultimately comatose, dying four days after admission into the hospital.

At the autopsy.—There was a general suppurative meningitis over the the base of the brain and down the whole length of the cord.

Here you have, then, an example—as good an example as possible—of the acute type of cerebro-spinal meningitis. There was no illness in the house from which the man came, nor in the place in the country where he had been previous to his arrival in London a few days before. The case, however, was as acute as is met with even in the epidemic form of cerebro-spinal meningitis.

I do not think I could possibly do better to impress the features of this acute type upon you than to read the definition used by the late Mr. Netten Radcliffe in describing cerebro-spinal fever, as it is sometimes called; this definition was issued recently by the London County Council, being part of a memorandum on the disease by Mr. W. H. Power, one of the medical officers of the Local Government Board. He describes it as "an acute, epidemic disease, characterised by profound disturbance of the central nervous system, indicated at the onset chiefly by shivering, intense headache or vertigo, or both, and persistent vomiting; subsequently by delirium, often violent, alternating with somnolent or a state of apathy or stupor; an acutely painful condition with spasm—sometimes tetanoid—of certain groups of muscles, especially the posterior muscles of the neck, occasioning retraction of the head; and an increased sensitiveness of the surface of the body. Throughout the disease there is marked depression of the vital powers; not unfrequently collapse; and in its course an eruption of vesicles, petechial, or purpuric spots, or mottling of the skin, is apt to occur. If the disease tends to recovery, the symptoms gradually subside without any critical phenomena, and convalescence is protracted; if to a fatal termination, death is almost invariably preceded by coma. After death the enveloping membranes of the brain and spinal cord are found in a morbid state, of which the most notable signs are engorgement of the blood vessels, usually excessive, and an effusion of sero-purulent matter into the meshes of the pia mater and beneath the arachnoid."

It is, however, very important that you should remember that cases of cerebro-spinal fever often exhibit considerable variations as regards their clinical manifestations even when epidemic, and may have no such definite course and symptoms as in the acute case I have related to you. Mild cases have been mistaken for influenza, others for a pneumococcal infection, and so on.

CASE 3.—*"Posterior basic" meningitis.*—We will go back to the chronic type, the "posterior basic meningitis," and the first thing I have to remark is, that although no age is exempt, yet, apart from epidemics, it is far more common to meet with this variety of cerebro-spinal meningitis in children, about 70 per cent. of them being under one year of age. I will now briefly tell you of a case of posterior basic meningitis upon which I performed the autopsy a little while ago. The patient was a girl of eleven months of age, admitted on February 24th, under Sir Cooper Perry: she first became ill on January 11th, with what was thought to be pneumonia. Two days later the child became "rigid and unconscious," and she remained in this condition for a fortnight, having spasms of rigidity varying in duration from a few hours to a day. On February 4th, a rash was noticed, which, the report states, was considered possibly to be chicken-pox; evidently it was an herpetic eruption. On February 10th, a month after the illness began, the child had, according to the mother's description, "screaming fits," with a recurrence of the rigidity and unconsciousness; on February 16th, the mother thought that the child was no longer able to see. When admitted into the hospital the child was quite unconscious, and blind; her head was much retracted, and the muscles at the back of the neck extremely rigid. There was optic neuritis, not so well marked in the right eye as in the left. A lumbar puncture was performed on March 18th; no micro-organisms were detected; the cell content consisted of polymorphonuclear leucocytes, and lymphocytes, in about equal numbers. During the month of April the child remained in a semi-conscious condition, with retracted head and dilated pupils; if roused it emitted a harsh cry. On some days the head was more retracted than on others. The anterior fontanelle became gradually more bulged outwards. On May 2nd, the neck and back were so much bowed forwards that the head almost touched the buttocks. The child had been gradually getting weaker, and now some hæmorrhages occurred over the lower extremities. Death ensued on May 4th, four months from the onset of the illness. Here, then, is an extremely typical picture of a chronic

case of four months' duration, associated ultimately with hydrocephalus.

At the autopsy the membranes over the base of the brain had a milky appearance, and were thickened, those at the hinder part of the brain being most affected. There was a considerable degree of hydrocephalus, the dilatation extending down into the fourth ventricle. All the other organs, which were examined in the usual way, were found to be normal. On bacteriological examination of the cerebro-spinal fluid taken at the autopsy, Dr. Eyre found the meningococcus in pure culture; that is, the same organism was present as in the first case I described to you to-day. Lees and Barlow, who originally described these cases, divided them into two groups, the "posterior basic" and the "vertical" group; in the first the exudation is chiefly seen over the base, and in the second on the vertex of the brain. I think, however, it is extremely probable that many of the "vertical" cases are really due to other bacteriological infections than the meningococcus.

In all the cases I have told you of to-day, the disease, though of very different virulence, started with vomiting, followed by irritability, retraction of the head and marked occipital tenderness, these two latter symptoms being the most characteristic ones of the disease. Occasionally, in the later stages of tuberculous meningitis, you may see an extreme retraction of the head, but it is a rare thing, and it is extremely rare for the retraction to be as marked as it is in cases of posterior basic meningitis. Retraction of the head is a very early symptom: for example, it was present on the first day in 34 out of 77 cases of posterior basic meningitis, recorded by Lees and Barlow; in the case I have just told you of it was noticed on the second or third day of the illness.

Other characteristic features are the rapid wasting, the crying, and the screaming: they wese very strikingly seen in Case 3, and also in the "intermediate" type, Case 1.

At a later stage, the head may tend to drop back, and this condition may be mistaken for a relapse with retraction of the head, but on examination you will discover the cause to be due, not to a contraction of the neck muscles, but to a loss of support on account of the muscles being flabby and weak.

With regard to the ocular symptoms, squint is not uncommon, and retraction of the lids, with staring eyes, as in Case 1, is frequent. Changes in the optic discs are occasionally seen, but are much more common in tuberculous meningitis. With regard to amaurosis, which is comparatively common, and which was present in Cases 1 and 3, although it may continue for weeks or months, there is this very important fact to remember, that, in the chronic cases at any rate, it almost invariably passes off if the child survives. It is an especially important fact from the parent's point of veiw, for they will be very grateful to learn that there is a real chance of the child regaining its sight if it gets better. In our patient (Case 1) the blindness is undoubtedly passing away, and there is every hope that he may ultimately get quite good sight once more.

With regard to the ear, permanent deafness may result, and so deaf mutism, of which posterior basic meningitis is probably one of the common causes. Troubles, however, in connection with the ear are not so common in the "posterior basic" cases as they are in the epidemic ones.

As to duration, in the "posterior basic" and in the sporadic cases a long course is the rule; for instance, in fatal cases seven to eight weeks is quite a common period to extend over; Case 3 was four months. In cases which recover it is impossible to state the duration, because the process is often so gradual. On the other hand, in acute cases the whole course of the illness may be a few days only. Thus, although the organism, as far as we know at present, is the same in all these cases, yet in its virulence it varies very much—a fact which we recognise in connection with many bacterial infections.

A most important point, especially in relation to the chronic and sporadic cases, is the distinct chance of recovery—a chance which hardly exists in any other form of meningitis. If we know a patient has tuberculous meningitis, we say the case is almost hopeless; but in cerebro-spinal cases that is not so. For example, the patient (Case 1) has completely recovered. Unfortunately, however, recovery is often incomplete. Children may become deaf mutes, or remain blind, or develop hydrocephalus, and in some of the cases with hydrocephalus, for no apparent reason, sudden death occurs.

As regards the autopsy on Case 3, you may remember that there was no evidence of any recent inflammatory exudation, but that the membranes were opaque and thickened, and in the cases where life is prolonged this is the condition which is found as the cause of the hydrocephalus, by closing up the foramina at the sides and apex of the fourth ventricle and uniting the cerebellum to the medulla.

The channel of infection.—The nose and the naso-pharyngeal regions are probably those through which infection takes place in most cases. I will read an extract on that point from Dr. Gordon's report to the Local Government Board. He says: "In one of the six cases of meningitis from which he originally isolated the meningococcus, Weichselbaum found the meningococcus in pus in the nasal cavity. Since that time this micrococcus has been repeatedly reported in the upper respiratory passages of cases of cerebro-spinal meningitis and particularly in the nasal secretion. It has also been located on rare occasions in the middle ear, in the joints, and in the eye when inflammatory lesions of these organs have occurred during the disease. The meningococcus, however, has not been found in the urine in cases of epidemic cerebro-spinal meningitis.

"The detection of the meningococcus in the secretion of the upper respiratory passages is a matter of considerable importance, for its presence here has been held to furnish the most probable explanation, both of the route by which the infection is acquired, and also of the mode in which the disease is imparted to others. While the presence of the meningococcus in the spinal canal, or in the blood, therefore, is of the greatest importance from the point of view of diagnosis, prognosis, and treatment of individual cases of cerebro-spinal meningitis, the occurrence of the meningococcus in the upper respiratory passages is the most important point of all from the point of view of prevention."

Unfortunately, as Dr. Gordon points out later, there is a source of fallacy here, in that other organisms, especially the so-called micrococcus catarrhalis, may be mistaken for Weichselbaum's meningococcus; this organism, like the meningococcus, is Gram-negative, and as it exists frequently in both acute and chronic catarrhal conditions, of the nose and pharynx, it is one that has to be specially differentiated, although it is not the only Gram-negative coccus found in these regions. However, from the clinical point of view, the practical point is that most probably the nasal passages are the common site through which infection arises. The contagiousness of the disease is not very great; it is probably about as infectious as pneumonia, and I take it that the risk to those coming in contact with the cases is, as a rule, as in pneumonia, slight, except where there is an epidemic of special virulence, or where the surroundings of the patient are favourable to the growth of the organism, as from overcrowding, or from debilitating circumstances in the individuals who come in contact with cases of the disease.

Treatment.—From what I have just said you will gather that it is important to wash the nose out, as it is the most likely channel of infection.

Lees and Barlow, in their article on "Posterior Basic Meningitis," strongly recommend the use of mercury and of potassium iodide. Although at present we know of no drug which exerts any definite effect upon the meningococci, yet, in view of the above recommendation, I think one should certainly persevere with that treatment. In Case 1 we ordered the boy the following mixture on May 18th; he took it for fourteen days:—

℞. Liq. Hydrargyri Perchloridi ... ... ℥ss.
Potassii Iodidi ... ... gr. iiss.–gr. iiiss.
Potassii Bromidi ... ... gr. viiss.
Syr. Aurantii ... ... ℥ss.
Aq. ad. ... ... ℥ss. t.d.s.

Then, in place of the above mixture, he was given the Guy's Mistura Potassii Iodidi ℥i. t.d.s., and he was inuncted with the following ointment:—

℞. Ung. Hydrargyri } a.a. æquales partes.
Lanoline }

℥ss. to be rubbed in night and morning.

This treatment was continued for a fortnight, and then omitted, as the boy's progress was in every way satisfactory, and he had begun to walk about.

The possibility of lumbar puncture being of service is, I think, considerable. Inasmuch as the process is in many of the milder cases strictly limited to the basal portion of the brain, the withdrawal of even a small quantity of fluid may aid absorption of the inflammatory products, and so, perhaps, limit the unfavourable after-results. In a condition which has such a chronic course as some types of the disease, one may look forward, as Dr. Tooth suggested some time ago, to some form of anti-toxin treatment being originated, as the best hope of hereafter directly treating the disease. There is no evidence that operation, apart from lumbar puncture, is of any value, even in the cases which develop hydrocephalus.

Case 4.—*Tuberculous meningitis.*—The next case that I would draw your attention to is that of a boy, Alfred D., æt. 7½ years. The case is interesting because of the difficulty there was in determining the cause of the meningitis. Clinically the case appeared to be a typical "cerebro-spinal" meningitis, and it

was so regarded, I believe, by all who saw him. The boy was at school on February 25th, and was then said to have been quite well; the following day he began to suffer from headache and attacks of shivering; he went to bed and remained there until his admission into the hospital. On February 27th he was violently sick, and the report states that the vomiting persisted all that day. On March 2nd he was delirious, and remained so until admission. The boy was admitted into John ward on March 7th, and died on March 11th. The history of the case while in the hospital was as follows:—The patient was comatose on admission, his pupils were equal, and he was violently sick. The abdomen was sunken; the patient had several spasms which involved most of the muscles of the body and limbs. There was some retraction of the head; there were no paralyses. Lumbar puncture, which was twice performed, appeared to somewhat lessen the attacks of muscular spasm which occurred at intervals.

At the autopsy, tuberculous meningitis and general tuberculosis were found to be the cause of the illness.

Remarks.—The sudden onset, with severe vomiting, rapidly followed by delirium and coma, were the symptoms which resulted in the "clinical" diagnosis of cerebro-spinal meningitis. There was also some retraction of the head. The whole illness was of only fourteen days' duration.

It is not in the least surprising that the diagnosis was wrong, as the course of the case is not like that usually seen in tuberculous meningitis. It was apparently of shorter duration and of more sudden onset: there were none of the cranial nerve paralyses which so frequently occur in tuberculous meningitis, *e.g.*, of the sixth and seventh nerves especially, or of a leg or an arm, and there was a good deal more muscular spasm than is common. As to the presence of optic neuritis in this case, I cannot tell you, but optic neuritis is much more common in tuberculous meningitis than in the "cerebro-spinal" form.

This is a case, then, in which the prodromal stage of the disease, viz., that associated with wasting, loss of appetite, irritability and other indefinite symptoms, was absent, or unnoticed by the parents. I do not know what degree of retraction of the head was present in this particular case, but the extreme degrees, such as are met with in the "posterior basic" cases, are very rare in tuberculous meningitis, Probably in most of those in which retraction is well marked, and certainly in some of them, there is a much greater development of tubercle in the region of the cerebellum and the medulla than is commonly seen.

There is one more point I would like to allude to, viz., the result of the examination of the cerebro-spinal fluid obtained by lumbar puncture. No organisms were found in the fluid, and the cell-content showed a marked excess of leucocytes. Now this case was an acute one, and if the meningitis had been due to Weichselbaum's meningococcus the cells in excess in the fluid would have been of the polymorphonuclear variety. No meningococci could be found in the fluid. Therefore, although the clinical diagnosis was "cerebro-spinal meningitis," yet the result of examination of the cerebro-spinal fluid showed that probably the case was not one of cerebro-spinal meningitis, and so it proved to be. The case is an excellent example of a well-known clinical fact, that like conditions are by no means always due to the same causes, and also that valuable evidence of the cause of a case of meningitis of doubtful origin may be obtained from examining the cerebro-spinal fluid.

Case 5.—*Pneumococcal meningitis.*—This case belongs to a different group, one, as a rule, of sudden onset, of short duration, and of very grave import: all of which features were seen in the case I am about to relate to you.

Eliz. S., æt. 8, was admitted on May 8th, 1907, under Dr. Shaw, and died the following day. The illness commenced on May 5th, when the child complained of a sore throat. The next day she was seized with severe vomiting and headache, the latter extending from the vertex down the back of the neck. On May 7th the vomiting was worse, and on May 8th the patient became delirious. Previous to this illness the child had been quite healthy.

Condition on admission.—Temperature 103°. Pulse 116. Respiration 36. The patient's face was flushed, and she was delirious. The left pupil, which did not react to light, was larger than the right, and there was ptosis of the left eyelid. There were patches of herpes on the lips. The respiratory movements were alternately rapid and then quiet again, the phases of rapid breathing being accompanied by signs of mental excitement, of shouting and struggling.

Towards the evening of May 9th, the day after admission, the patient became more delirious, and death took place at 9 p.m.

There were no signs of disease of any of the organs of the body apart from the brain, and no discharge from the ears or nose.

At the autopsy I found a diffuse suppurative meningitis over the upper and lateral aspects of the cerebral hemispheres, and of the cerebellum. There was also some lymph over the base. The ears were normal, but in the ethmoidal cells of the right side was a collection of thin purulent fluid which was not present on the left side. Bacteriologically this fluid was found to contain the bacillus of diphtheria, Friedlander's pneumonia bacillus and the pneumococcus. A cultivation made from the fluid in the lateral ventricles, and from the pus beneath the pia mater, showed the presence of the pneumococcus and of the pneumobacillus.

Remarks.—Here one had to deal with a case in which death occurred four days from the beginning of the illness: the presence of cranial nerve paralysis, in association with the other symptoms of brain disturbance, indicated an intracranial origin, probably meningitis. In some acute cases of this kind—in the absence of cranial nerve paralyses or of other localising signs—it is often impossible to say at first whether the "cerebral" symptoms are of intracranial origin, or whether they are only a "cerebral" manifestation associated with the commencement of some general acute infective process. As to what form of meningitis existed, one did not know, but the sudden onset, the short duration, and the active character of the brain symptoms, all suggested a meningitis, either of the cerebro-spinal variety or, more probably, a pneumococcal meningitis.

Of all the various causes of meningitis, that due to the pneumococcus has the shortest and most fatal course. Tooth refers to the occurrence occasionally of a long-lasting type, and to a case which recovered, yet such a record is a very rare one indeed. In some of the cases, which Lees and Barlow describe as belonging to the "vertical" form of the simple meningitis of children, possibly some were of pneumococcal origin; they were of much shorter duration (about seven to fourteen days) than the "posterior basic" cases; they suffered from convulsions, with high temperature; there was no permanent muscular spasm, and no retraction of the head. The prognosis is little better than of tuberculous meningitis, and the cases were frequently complicated by visceral lesions such as pneumonia, empyema, and pericarditis. Although many of the cases of pneumococcal meningitis are not associated with inflammations of other viscera, yet they are so at times; in the "cerebro-spinal" variety it is rare to find any other structures affected than those surrounding the brain and spinal cord.

Another feature of interest for you to remember in connection with some cases of "suppurative meningitis," is the extraordinary way in which the condition remains "latent," that is as far as any indication of involvement of the brain or its membranes is concerned. Death may occur without any symptoms to suggest meningitis, a fact which is only discovered at the autopsy.

CASE 6.—*Mixed infection: meningitis associated with the pneumococcus and the meningococcus.*—The following case is an example of a type which, though clinically no different to the "posterior basic meningitis" case I have spoken of already, yet is of interest because the patient at one time appeared likely to recover. Dr. Horder is of opinion that these mixed infections are less common than is usually stated, and I take it that probably the pneumococcal infection in this case was the cause of the relapse and of the death of the child.

Kathleen S., æt. 7 months, was admitted into Miriam on February 26th last under Sir Cooper Perry in an unconscious condition, with her head much retracted. She had been ill since February 19th. The temperature varied between 99° and 103° for the first week, and on March 12th there is a statement in the report that the child had gradually improved, the temperature having slowly fallen, and from March 12th to 16th it was normal. On March 17th, however, the child did not appear to be so well, the temperature rose again to 101°, the head became more retracted, and on March 18th the child died suddenly.

At the autopsy, I found a well-marked layer of gelatinous lymph over the ventral aspect of the pons varolii extending forwards over the interpeduncular space as far as the optic chiasma. At the sides of the fourth ventricle the membranes were more adherent than usual, and to this was no doubt partly due the dilatation of the lateral, third and fourth ventricles which contained an excess of cerebro-spinal fluid. There was a drop of glutinous pus in the right middle ear. On bacteriological examination, the fluid from the lateral ventricles was found to contain the pneumococcus, and also the diplococcus intracellularis of Weichselbaum.

The pus from the middle ear contained the pneumococcus, and a cultivation made from the blood in the heart gave a growth of the pneumococcus and of the bacilli coli communis, the latter being no doubt a post-mortem infection.

The case itself clinically did not at first appear to be a very severe one, and it is likely that if the pneumococcal infection had not occurred the child might have recovered, as at one time

she appeared to be doing. These secondary infections probably in many cases arise secondarily to ear disease, and it is therefore of interest to notice that in this case the pus in the right ear gave a pure culture of the pneumococcus, and that the blood also contained the same organism.

I have had no cases lately of meningitis which have been due to an infection by streptococci or staphylococci, and so will only remind you that these bacterial varieties are more rare than those I have previously alluded to, and that they are commonly found where a pyæmic condition, an infective endocarditis, or chronic ear disease is the cause of the meningitis.

I have to thank Dr. Eyre for the reports of the bacteriological examinations which he has so kindly made in all the six cases which form the basis of this lecture.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

The Royal Sanitary Institute.

DEAR SIR,—In connection with the Second International Congress on School Hygiene, to be held at the London University next month, the Institute are arranging an Exhibition of School Building and Furnishing Appliances, which is intended to practically illustrate the subjects to be discussed at the Congress. The classification of exhibits included sanitary appliances and materials used in the building of schools, apparatus and appliances used in connection with the equipment of schools, apparatus used in connection with physical drill and the recreation of scholars, publications of interest to teachers and others connected with education, and a comprehensive loan collection illustrative of methods of teaching adopted in schools in continental cities, arranged by the various foreign Committees of the Congress.

As they think many of your staff and pupils would be interested in the Exhibition, my Committee desire me to send you for distribution a supply of tickets. I shall be pleased to send you any further tickets you may require.—Yours faithfully,

E. WHITE WALLIS, Secretary.

Papers by Guy's Men.

Experiments on Prolonged Protein Feeding, with special reference to the Thyroid Gland and Osseous System. By David Forsyth, M.D. Lond., M.R.C.P. Lond.—*The Lancet*, 20th July, 1907.

With Dr. E. I. Spriggs at St. George's Hospital.—*The Clinical Journal*, 17th and 24th July, 1907.

Prescriptions.

DENTAL CLINICAL LECTURE BY Mr. W. A. MAGGS

June 13th, 1907.

GENTLEMEN,—The custom of centuries has decreed that the prescriptions of medical men be written in Latin, and long may that custom continue!

The Latin language, being universally used by the profession, precludes patients from becoming familiarised with the remedies prescribed, as would be the case were prescriptions written in the vernacular.

The dental surgeon requires to be proficient to some extent in the art of writing prescriptions, but at the same time he should guard against going outside his legitimate domain.

A prescription consists of six parts:—

1. *The Superscription.*—The sign ℞, usually regarded as an abbreviation of the Latin word "recipe" (take), and originally used as an invocation to the gods.
2. *The Inscription.*—The names of the ingredients, and the quantity of each drug required.
3. *The Subscription.*—The directions to the dispenser.
4. *The Signature.*—The directions to the patient, usually written in English.
5. *The Name of the Patient.*
6. *The Initials or Name of the Prescriber, and the Date of the Prescription.*

The name of the patient, and the initials or signature of the prescriber, together with the date, should invariably be given.

These details may sometimes appear unnecessary, but they are really essential, as the responsibility of the prescriber and patient is thereby limited.

The most important consideration relates to the inscription, or ingredients required, and there must be no laxity in the *verba scripta*. If more than one substance is ordered, each ingredient must be given with a definite object in view, and its position established if challenged. If one remedy will suffice there is no need for its combination with others, *e.g.*, permanganate of potash as a deodorant and carbolic acid as an antiseptic are fully efficient without the addition of other drugs.

The chief practical point to remember is the line of treatment indicated, *e.g.*, whether it is to be anæsthetic, alkaline, antacid, astringent, caustic, deodorant, disinfectant, counter-irritant, stimulant, sedative, syptic, &c.

Then the most suitable remedy, with the dose and frequency, may be considered, and, lastly, whether any combination of drugs is desirable.

The active or principal ingredient of a prescription is termed the *basis*. It may require what is called a *vehicle*, that is, any fluid or solid which serves to dilute or give proper form to the basis.

The ideal vehicle or medium should be inert, and not possess any inherent properties, *e.g.*, menthol combined with liquid paraffin. Used for local application in facial neuralgia.

The basis may require an *adjuvant*, or *auxiliary*, *e.g.*, solution of hydrochloride of cocaine with adrenalin solution; the latter acts as a vaso-motor constrictor, and prevents hæmorrhage. Used for the immediate extirpation of the dental pulp.

A corrective is often needed to modify the action of, or to correct some objectionable property in, the principal drug or basis, *e.g.*, arsenious acid for devitalising the tooth-pulp is best used in combination with hydrochloride of morphia, or of cocaine, for the prevention of pain; and liniment of iodine is employed with tincture of aconite for the relief of pain in inflammation of the dental periosteum.

In passing from generalities concerning prescription writing to a particular example, it will be well to consider carefully the composition of a prescription likely to prove useful in the practice of the dentist. The composition of "Dentifricium Cretæ Compositum," of Guy's Hospital Pharmacopœia, may be critically examined to find out the uses and values of its component ingredients.

1. Superscription.—℞.

2. Inscription.

Olei cinnamoni	m. 10
Phenolis	m. 20
Pulveris potassii chloratis ...	gr. 40
„ saponis duri ...	gr. 80
Calcii carbonatis precipitatæ	ad ℥i

3. Subscription.—Misce (mix). Signatur (let it be marked).

4. Signature.—The tooth powder.

5. Name of Patient.—Mr. ————

6. Initials of prescriber and date. W. A. M. June 13th, 1907.

It is seen at a glance that the formula is easy to recollect; it starts with 10, and all the successive figures are doubled, excepting the precipitated chalk.

Precipitated chalk, an impalpable, cleansing, and antacid powder, is chosen as the basis or chief substance, and it is doubtful if any other ingredient could be advantageously substituted. This opinion may not be universally acknowledged, as prepared chalk is often prescribed, but it is objectionable, being gritty and liable to "cake." Powdered hard soap is the auxiliary. Soap is the best substance that can be employed for the removal of fat, and its cleansing properties are well known. The quantity of soap—one-sixth of the whole of the powder—is usually considered satisfactory, but it may be thought that the percentage is too high. This is a matter of individual opinion, and a smaller quantity may be given if the patient prefers to use a tooth powder freely, and objects to a lather.

Chlorate of potash is another auxiliary, but of less importance. It serves a good purpose by acting as a local stimulant, thereby promoting the secretions of the mouth and leaving a refreshing feeling after its use. It also possesses some antiseptic and sedative properties. Some dentists prefer boric acid, which has a somewhat similar therapeutic action.

Oil of cinnamon is aromatic and antiseptic. Many "essential oils"—cloves, cassia, eucalyptus, peppermint, wintergreen, etc.—possess germicidal properties, and any of these can be used, but cinnamon has the greatest antiseptic action.

Carbolic acid (Phenol) is neutral in reaction, and is ordered solely for its antiseptic properties. It produces irritation of the mucous membrane of the mouth and lips in a small percentage of cases, say 5 per cent., and may be diminished in quantity or omitted if necessary.

The formula was probably evolved in somewhat the following manner:—

1. A good antacid basis.—Chalk.
2. Auxiliary and Cleansing.—Soap.
3. Antiseptic.—Carbolic acid.
4. Local stimulant.—Chlorate of potash.
5. Aromatic.—Oil of cinnamon.

It would, perhaps, be difficult to prescribe a more suitable tooth powder, since it is antacid, cleansing, not gritty, antiseptic and aromatic. The proportions of the ingredients may, of course, be modified to suit the requirements of special cases, or the tastes of patients.

Cases of emergency arise in which the dentist himself requires to administer a remedy, rather than to write out a prescription. Fainting, for instance, sometimes occurs, and prompt treatment is necessary.

There are many causes of cardiac syncope, and many remedies available, but the question arises as to which is the best or most suitable. A hypodermic injection of cocaine hydrochloride—¼-gr. to ½-gr.—may produce a toxic effect, shown by symptoms of dyspnœa, faintness, and precordial distress. In such cases the treatment consists in placing the patient in the horizontal position with the head low, and in giving hot coffee or brandy.

Again, an attack of faintness may arise from the traumatic exposure of the tooth-pulp during the excavation of a carious cavity. This faintness generally occurs in young anæmic girls, during warm weather, and is best combated by placing the head of the patient between her knees, aided by the inhalation of ammonia salts, and the administration of a dose of sal volatile—one teaspoonful in a wineglass of water. The postponement of any further dental treatment on the same day is always advisable.

A short time ago a boy, aged about nine years, suddenly fainted whilst talking to me. The recumbent position and fresh air soon restored him, and, as it was his first visit, I decided to postpone operation. No uneasiness was experienced by the boy during a subsequent visit at the end of a week, and the conclusion arrived at was that the faintness was due to fatigue—he had come from the country for the day—and, perhaps, some nervous trepidation.

Faintness comes on occasionally whilst the patient is recovering from the effects of nitrous oxide gas. In such cases the inhalation of nitrite of amyl, combined with the recumbent position and a dose of sal volatile or brandy, soon restores the heart's action. It may be here mentioned that a syncopal condition following "gas" is rare, and is usually associated with some cardiac lesion. Should an anæsthetic be again required, a recurrence of

this undesirable symptom may be prevented by the administration of gaso-oxygen.

It will be seen from this brief allusion to some of the causes of faintness, that posture, fresh air, inhalations of ammonia and nitrite of amyl, the internal administration of stimulants—ammonia, brandy, coffee—have each and all their most appropriate application.

A story is told that a candidate for a licence in dental surgery, when asked what he would do as a last resource for a patient who had fainted in his operation chair, replied, "I would perform tracheotomy."

It may fairly be concluded that the answer was given without due consideration, and that tracheotomy was just what he would not have performed.

In Lighter Vein.

AT A MATINÉE.

IT is a sultry summer afternoon, and the hard (O so hard!) benches of the Lecture Theatre are filled with the serried ranks of eager students (at any rate, quite as eager as the ranks are serried!). The air is filled with the smoke of many pipes and the sound of many voices, which presently cease, for a polished gentleman in an immaculate frock-coat enters. He also seems to feel the heat, for he gives a very audible puff before opening his mouth for articulate speech. Then, in spite of the heat, he proceeds to button up the frock-coat as though he meant business.

"Would—you—mind—closing—that—door?" comes in a measured intonation. Somebody up in the "hill-country" pretends not to mind. The voice begins again:—"I was talking to you last time about . . ." Oh, well, there is no need to listen to that. You were present at the last lecture, and flatter yourself you heard it. It is certainly *very* hot; the corner-seat you have secured is fairly comfortable as lecture-theatre seats go; your brain since lunch has somehow not seemed so clear as it did before: what harm in just closing your eyes until the lecturer begins the new work? You will be all attention *then*.

The words come to your brain in a confused jumble:—". . . . unless you jolly well look out, you can bet your bottom dollar things 'll begin to hum, for this very simple reason——this drug turns on the vagus, and so you get cardiac inhibition of the heart, and any fool can see that that part of the performance is no earthly use to anybody. . . ." What is it all about?—you vaguely wonder; it sounds something like an American patent-medicine advertisement.

Suddenly, by a sort of intuition, you become aware that the Janitor is down there, taking the names. Better hold your eyes open while he is doing it, as you have an idea, probably quite unfounded, that he might not recognise you in the sleeping condition.

There, now he is gone! You can sink back with a sigh of relief into the old position. "If any gentleman wants to go out, for heaven's sake go now!" You hear a wild stampede among the hill-tribes, and rather wish you had been among them, and had not been so keen on the subject as to sit five rows from the front. But still, the Inter. is getting precious near, and it would be as well, you think, to revise your Pharmacology, if only you knew some to revise. The voice again: —"Now the question is—What happens when you ram some of this stuff under a person's skin?" Ah, what indeed! Never mind, it is all in that dear little green book you have at home, and you can look it up afterwards.

Either the lecture or the hot afternoon is really having a hypnotic effect now: you dreamily ask yourself whether the action is on the cord or the cortex. But complete narcosis is never attained, for odd words and detached bits of sentences are still heard now and again:—"I'll tell you as roughly as I can what the business part of this drug does. . . . First it stirs up your bulbar centres, then it knocks them down. . . . . Everybody knows that the blood-pressure simply goes to pot . . . . it is simply and solely a benzene ring with some methyl groups jammed into it . . . . used when some blighter gets corns and warts, and odds and ends of that sort . . . As—you—know . . ." In that last remark the lecturer is getting rather personal, but then he seems so sure about it that perhaps you do know after all.

Anyway, you doze off again until you are awakened with a start by the sensational statement that such and such a drug "bucks up your uterus." But even this bit of stimulation is followed by depression, for the scraps you hear afterwards are more detached, with longer intervals in between:—"There's a pill in the Guy's Hospital Pharmacopœia . . . simply all rot . . . no effect worth talking about . . . been used for centuries, at any rate for hundreds of years. . . . If you try to use these dirty messes in private practice, the patient 'll see you d———d first. . . . As you all know, it's totally unnecessary. . . . Now, as it's nearly time, I'll dry up."

A nudge from your neighbour tells you that the lecture is over. The lecturer's last remark, even to one in your half-awake condition, sounds rather obvious:—"Next time I shall talk about something else!"

℞

Sodii Chloridi gr. j. Misce.

In the Crypt.

No one ever ventures there. It is unknown to most of us, and he that starts on a voyage of discovery in it hazards perils as dire, almost, as those which Æneas encountered on his pilgrimage to Hades. The way to it lies through the Matron's coal-hole—like Dante's road, it is "obscure, and fringed with darkness and with cloud," and no one would presume to call the Matron's handmaiden "a faithful, secure, and diligent guide." Formerly, it is true, one could approach it decently. Time was when there used to be a portal to it, opening from the ward store-rooms. Now that approach is blocked, bricked up, and to get into the crypt means a call on the Matron and the traversing of sculleries, dark passages, and the coal-room.

For all that, it is worth a visit—at least, to one who, with Lamb, believes that graveyards and charnel houses have an interest that should appeal to the introspective mind. The pleasure of pondering over relics is a very general one, and each of us, whoever we may be, shares with the other a sneaking regard for the morbid. It is, after all, a taste of great men, this retrospective reflection in the presence of old things, —dead men's remains. Plato meditated before his skull, Swedenborg amused himself, while in London, by giving pennies to the street urchins, and most of his time to messing about in the city graveyards; Napoleon spent a quiet half-hour (of which we have three distinct and more or less apocryphal accounts) in the vaults of Sans Souci, and to-day the curious visit Nelson underneath St. Paul's, and Beckett and the Black Prince in the cloisters of Canterbury. It is a taste that appeals to us as children, for most nursery rhymes, traced to their finish, have a substratum of the gruesome underlying them, for all that the Folk Lore Society may assert to the contrary.

Yet how many Guy's men are there who have found enough curiosity, morbid or otherwise, in their composition to brave the dangers of the Matron's coal-hole, and visit the tomb of the Founder?

As a crypt, ours has no need to shun comparison with others. It is very much of a crypt, and, as it is eminently useful, as a crypt, it goes far to fulfil Ruskin's ideal of the beautiful. A trifle low, and more than a trifle dirty, it certainly is, but lowliness and griminess are the characteristics of such places. You can write your name, if you are Philistine enough to dare the attempt, in the dust on Wellington's grave, and, I believe, the faithful who visit the tomb of Chateaubriand find a ghoulish delight in feeding the spiders that invest that interesting mausoleum with bits of *pain d'epices*. Dust and dirt make these things more venerable, and I, for one, would be shocked to find no arachnidian watchers round the resting place of my St. Malo saint. Your neat, clean, machine-made tomb gives one the shudders. It brings reminiscences of the Drury Lane Pantomine; it reminds one of shoddy and modern methods of chemical tanning. No one can be a Hervey among modern tombstones, in modern graveyards. The meditations they suggest are thoughts of trades unions, potato whiskey, compulsory vaccination, and the decay of the art of lying. They evoke none of that respectful reverence which the beholder feels before a really dirty cobwebby grave-slab. Here, in our crypt, praise the Lord, there are enough of dust, dirt, and dimness to satisfy the most critical. You go to look at dust, and you return covered with it—coal-dust, wall-dust, brick-dust, and candle-soot decorating face and clothes.

The crypt is lit by electric light. I do not know what special brand it is, but I believe, like most modern things, it is a trifle adulterated. At any rate, it is reverential in its dimness. It feels that it is out of place in so ancient a vault, and in the presence of the mighty dead it is properly, decorously (my companion said "dimnibly") low. It refuses to allow you to read the inscriptions, and its subdued glimmer gives you just a chance of seeing the outline of the place.

But the Matron's handmaiden has generously provided additional illuminating power in the shape of one of those long, slender taper things which are popularly known as "lighters." It is not a pleasant occupation strolling round with a "lighter," but the soot that it gives off, and

the grease that it drips, are inevitable inconveniences attendant on a visit to the tomb of the Founder. Whoso does not wish to endure them, let him rest content by viewing our above-ground relics. An expert in architectural art may be able to say what exact style the crypt corresponds to. I cannot. It reminds me of the grotto of Han, of the vaults of Chester, and of the Hole in the Wall, for it has something of all three. Its rows upon arches, originally white-washed, but now the colour of a starved cat, are neither imposing nor solemn. They are too squat and correct for either. Two rows of them divide the chamber into a central part, and two aisles, with alcoves at each end. In the aisles are the sarcophagi of some of our minor lights; at the farther end—the east end, so far as a compassless observer can determine—rest the greater men—Guy and Cooper.

Naturally one turns first to the Founder. It is a rectangular sarcophagus of slate—all the three tombs are almost identically similar so far as outward experience goes, though that of Guy is a trifle larger than the other two—resting on four slate slabs. On the lid is the following inscription, deeply cut into the stone:—

THE REMAINS OF THOMAS GUY, ESQ.
Founder of this Hospital,
Who died 17 December, 1724.
Aged 80.
Removed from the Vault under St. Thomas' Church
To This Place
In September, 1780.

The transfer was quietly effected, and contemporary papers are almost silent on the subject. One of them has a short notice to the effect that, "Mr. Guy's body, the founder of the hospital attached to St. Thomas's was yesterday translated to its new resting-place in the vaults underneath the new foundation," a notice which is as bad in grammar as it is incorrect in fact, in viewing our foundation as a mere corollary to St. Thomas's. A fairly full account of the funeral in St. Thomas's vault is to be read in the *Daily Post* of January 4th, 1725.

Close by rests Cooper. The brass plate which adorned his sarcophagus is disfigured beyond legibility. Hold the light close over it, and the flicker may enable you to discern the points of the Guelphic grand cross and the wavy outline of the ribbon with its motto. Below these, simply—

SIR
ASTLEY PASTON COOPER,
Baronet.
Died 12th February, 1841.

A neglected tomb, this, and one that calls for restoration and greater care in the future. It would not cost overmuch to restore the arms and protect the inscription.

Hunt does not rest in the crypt. By his will he bequeathed to us a large sum of money, and the injunction that his bones should not be allowed to mingle with those of "that villain, my brother." But there is another benefactor whose body lies close to that of the Founder. On a large slate sarcophagus may be read the following inscription:—

The Body of Chas. Joye, Esq.,
Treasurer of St. Thomas' and Guy's Hospitals,
Who died December 20th, 1737,
Aged 67 Years.
To be removed into Guy's Chapel when Built,
And Lay'd as near as Possible as May be
To the Body of the Founder.
By Order of the Court of Committees
Of Guy's Hospital, dated 7th Jan., 1737.

Joye did much for the hospital in its earlier days, and was a generous contributor to its funds, and apparently a highly successful beggar on behalf of it. There are frequent allusions to him in contemporary papers. He appears to have been an honest, loveable man, very much interested in the hospital, and, after that, in a charity for the relief of indigent watermen.

Crossing to the other side of the vault, where the electric light is scarcely strong enough to illuminate the graves, the visitor comes upon the large tomb of the Stocker family. The Stockers lie, half-a-dozen of them, in a sarcophagus which is partly of wood and partly of stone, of grey sandstone now so blackened by age and soot that one may be pardoned for mistaking it for slate. The inscription on it reads as follows:—

Richard Stocker, Esq.,
Apothecary to Guy's Hospital. Died 16 October, 1843. Aet. 73 Years. Also Mrs. Ann Stocker, Wife of Richard Stocker, Esq. Died 2 December, 1826, aged 58 years. Also children of the Above: Master John Stocker, Died 19 October, 1795, Aged 1 year: Master Henry Stocker, Died June, 1796, aged three months: Mary Margaret Stocker, Died 29 April, 1800, æt. 3 years: Master Edward Martin Stocker, Died 8 Feb. 1805, Aged 18 Months.

The elder Stocker was a remarkable man, of whom some of our senior consultants still retain vivid memories. Dr. Pye-Smith, for instance, referred to him in an address very recently, and described, very happily, his expert clinical observation methods, while Sir Samuel Wilks has told us how Stocker prided himself on diagnosing liver diseases by the smell exhaled by the patient. He was one of the old school of physician-apothecaries, and somebody, before it is too late, should give us a short biography of him. Those that remember him are the men to do so; and we trust the GAZETTE, in the near future, may contain an article on Stocker from the pen of one of those who had the privilege of walking the wards in his wake. Of the wife and the juvenility interred with him we know nothing.

Near the next pillar on the right lies "John Belchier, Esq.," who died 6th February, 1785, aged 78 years, and cheek-by-jowl with him are the remains of "James Franck, Esq. Died 30 December, 1782, aged 52 years." Of Belchier we know comparatively little, and much of his history is told in the "Biographical Dictionary." He directed that his coffin should be filled with sawdust and nails, and seems to have been a highly religious man. The curious may see his bust in the Medical School Buildings (probably by Towne), and an excellent portrait by Humphrey at the Royal College. Nothing certain or definite is known about Franck, who is not to be confounded with his German namesake of gastrostomy fame. He figures on the College roll, and here and there the name is mentioned in contemporary reports of meetings, but it is difficult to know whether he was the person referred to.

On the south side are four tombs with inscriptions, and one with no plate or sign to denote what its tenant was during life. Avery shares the first sarcophagus with George Brough, and close by rest Mr. and Mrs. Hollister. We know that Avery was an LL.D. and one of the chaplains. Brough and the Hollisters have left little behind them whereby they can be remembered.

Guy's Hospital Swimming Club.

INTER-HOSPITAL WATER POLO CUP. FINAL ROUND.

GUY'S v. ST. BARTHOLOMEW'S.

We met St. Bartholomew's in the final cup tie at Southwark Baths on Friday, July 19th, at 5.30 p.m. The result was an easy win for Guy's by 8—1. Glover scored seven of our goals and Ball the other. Thus Guy's again become holders of the Cup for the first time for over ten years, except in 1905, when we shared it with St. Thomas's, the competition not being finished.

TEAM.—H. N. Eccles (goal), P. R. Eskell and S. McK. Saunders (backs), W. T. Clarke (half-back), H. H. Glover, T. P. Cole, and M. E. Ball (forwards).

REMARKS.—Guy's showed much improved form; the long shots at goal which were such a feature last season having died out, and combination being more and more practised each game. Too much cannot be said of Glover, who has not only scored most of our goals, but has revolutionised the team entirely. In the Inter-Hospital Cup Ties we have scored 20 goals to 3, Glover scoring fourteen.

THE EDITOR will, at all times, be glad to consider articles or sketches, provided that they are accompanied by the writer's name and address, not necessarily for publication. Payment is a matter of arrangement, and the fees that the GAZETTE *can offer are merely nominal, but if the writer desires any remuneration that fact should be stated.*

Births.

CHANING-PEARCE.—On July 12th, at Meadowcroft, Wokingham, the wife of Dr. A. Chaning-Pearce, of a son.

DAY.—On July 15th, at Head Street, Colchester, the wife of Leigh Day, M.D., B.Ch., B.A. Oxon., of a son.

LISTER.—On July 14th, at 1, Bentinck Terrace, Regent's Park, the wife of Dr. T. D. Lister, of 50, Brook Street, of a son.

WORTHINGTON.—On July 10th, at Hurst House, Chesterfield, the wife of Sidney Worthington, M.D., F.R.C.S., of a daughter.

Marriage.

GREENFIELD—ORMOND.—On July 6th, at Woodside, S.E., Dudley G. Greenfield, M.D., F.R.C.S., of Rushden, Northants, to May Ormond.

Death.

UHTHOFF.—On the 17th July, at Wavertree House, Furze Hill, Brighton, Ellen Aston, the dearly-loved wife of John Caldwell Uhthoff, M.D., aged 47.

ED.—M. E. B.

GUY'S HOSPITAL GAZETTE.

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Passim.

IN the dog-days nobody, who is not obliged to, comes near the hospital; those who are here are about their business, and there is nobody on the colonnade steps or in the smoking-room. The park is deserted, save for a few sick persons and young children. The library is closed; the reading-room, though open, is not being used. The externs gloomily survey their cold stone floor, and carry their bags with the crisp stride of those who walk to get warm. Others shiver in the biting zephyrs which penetrate their summer suits with all the bitterness of a particularly cool February. Sometimes the sun comes out. Someone says, "The summer's come at last!" His companions look sadly at him, and one of them, more cruel than the others, asks him if he has been reading the papers. And everyone says, "Thank goodness the dog-days cannot last for ever!"

IT is at this time of the year, when journalism is supposed to be at its lowest ebb, that "opinions of readers" on subjects of a more or less public or private character are asked; and if we were to follow the lead of some of our contemporaries, we should be in the middle of it now. And, indeed, there are questions of the greatest importance awaiting the consideration of all here, if the matter were energetically taken up.

For instance, anatomists' answers to "Would Astley Cooper have been put on the staff in 1907?" would surely be interesting. Again, "Will anyone swim three times round the lake in the park?" A good deal nearer home than the Channel, at any rate, and quite as difficult. To turn to family matters, "What sort of a sister does a man like best?" is sure to provoke instant discussion, no less than "What sort of a house-physician does a sister like best?" All little homely points of which one so loves to hear others' opinions. "Our slack youth, or, Are we degenerate?" by the marker at Peall's, etc., etc.

THE alterations to Astley Cooper are completed, and the ward looks more cheery than ever in all its freshness. The two accident

wards are now practically identical in all but name, and in every way are a credit to all who have been engaged in the alterations. The lift, too, is now finished, and is a great deal quietened and subdued after the way in which it has been handled.

WE are in receipt of the first number of *The Journal of Clinical Research*. Elsewhere in this issue we mention Watergate House, Adelphi. It is on the top floor of this building that the Clinical Research Association have their new laboratory, and it must be the very last word in construction, arrangement, and management of scientific laboratories. Everything is absolutely up to date, and every bench and water-sink in the laboratory specially adapted for the convenience of the worker. A special word must be said for the arrangements for rendering all used test-tubes, flasks, swabs, etc., absolutely sterile, and also for the manner in which those who work there can leave the building confident of taking away no more germs than they took in with them.

The Journal of Clinical Research is to be published quarterly, and is a most useful paper for those who wish to keep abreast of the times in clinical laboratory work The first number, in addition to various articles, elementary enough, but very practical, upon methods of preparing and examining blood-films, etc., contains a scale of the charges of the Association for section cutting and other clinical work for medical men, and a list of members of the Association.

AT the annual meeting of the British Medical Association, held this month at Exeter, many interesting speeches and discussions took place. We may be proud of the fact that both Dr. Davy, the president, whose address will be for ever famous in the annals of the Association, and, of course, Dr. Hale White, who delivered the medical address, are Guy's men. Dr. Hale White's address, entitled "A Plea for Accuracy of Thought in Medicine," was characterised, as might be expected, by evidence of his intense love for "minor details." It is, after all, the observation of apparently small points, which escape most of us, that makes a great physician. One small point by itself is valueless, but the coincidence of two or three are often conclusive evidence. Sherlock Holmes himself would often impress that great truth on Watson.

To observe small things, and rapidly place them in position to make a train of thought—that is the physician's work; nobody is more capable of impressing us with this than Dr. Hale White, and all those who had the privilege of hearing his address must have realised more than ever that diagnosis is not so much a mechanical process, to be worked by blood-counts and opsonic indices, as a mental process depending entirely for its reliability on the powers of observation and conclusion of the physician.

WE rejoice exceedingly to hear a man with the wide knowledge and experience of Dr. Davy speak out his opinions concerning teetotallers and teetotalism. We are, of course, aware that promoters of the various temperance societies in all parts of England are actuated by the very best of motives. At the same time, many of these promoters, from time to time, do doubtless make sweeping statements about alcohol, instructed therein by nothing more than their own very vivid imaginations. Such glaring inaccuracies as, "Alcohol is a direct poison," or "Alchohol is of no value as a food," are very common; we have all seen them. It is well, therefore, that the President of the British Medical Association should, in the interests of the public, contradict some such startling popular errors.

Apropos of alcohol, a most interesting report is to be found in *The Hospital*, June 15th issue, entitled, "The Hospitals' Commission on Light Wines: A special report on their chemical composition and dietetic value." In this article there is much information on the subject, prominence being given throughout to the fact that it is the other constituents of wines, beyond alcohol, that render them so useful. The effects of various wines on peptic digestion are carefully noted in the same article, and it is found, in every case, that the addition of 20 per cent. of hocks, moselles, and clarets causes an increase in the amount of food digested, compared with the amount when distilled water is used. The figures, as the report says, are, perhaps, not of much value; but, remembering the common statement that alcohol retards digestion, the facts are of great importance.

In connection with the article on the Crypt, in our last issue, we have received a letter from an old Guy's man who is a relation of Astley Cooper. In his letter he states his desire to have the tomb in the Crypt cleaned and restored, in accordance with the suggestion made in the article. Our correspondent asks for information as to what would be necessary, and we should like to tell him here that we will take steps to let him know what he wishes as soon as the holiday season is over.

It is very pleasing to find so ready a response to our contributor's suggestion, and we are much gratified that the Gazette should have been the means of thus calling our correspondent's attention to what otherwise might have escaped his notice. It would, indeed, have been a pity that the tomb of the greatest of Guy's sons should be allowed to fall into disrepair simply because those otherwise desirous of restoring it were unaware of its condition.

In the same article was mentioned the Stocker family, whose tomb is also in the Crypt, and it was suggested that some of our senior consultants still retained "vivid memories" of the elder Stocker. We should be very glad to have one of our readers' recollections of him, and are convinced that an article on such a remarkable man could not fail to be interesting. We hope some one will take this hint, and be kind enough to send us what he remembers of the famous physician-apothecary.

Congratulations to our successful Indian Medical candidates, Messrs. F. A. Barker, A. T. Densham, and A. Zorab. Particular mention should be made of Mr. Zorab, who has, since April, been engaged in hospital appointments, Clinical and O.P.O. in the front, concurrently with reading, and finds his name fourth on the list. It is a good performance. We wish the new officers every success in India. In their journey they will be on the heels of Mr. P. S. Mills, late Ophthalmic H.S., and they will find many Guy's men when they arrive at their destination.

We learn that Mr. F. Newland-Pedley, who lately retired from active service on the Dental side, has been placed on the Consulting Staff. Mr. Newland-Pedley will long be remembered as a founder of the Dental School.

Our congratulations are also due to Mr. H. L. Pillin and to Mr. M. F. Hopson upon their promotion from assistants to full Dental Surgeons. Mr. Pillin was appointed one of the original staff of the Dental School at its foundation in 1889, and Mr. Hopson four years later.

Pass List.

University of London, July, 1907.—M.D. Examination.—Branch I., *J. R. Steinhaeuser, R. O. Williams. Branch IV., F. T. H. Wood.

*Obtained the number of marks qualifying for the University Medal.

University of London, July, 1907.—Intermediate Examination in Medicine.—R. P. Ballard, W. H. Catto, †‡A. Neville Cox, G. Dunderdale, J. B. Dunning, M. A. E. Duvivier, H. Gardiner, W. L. Hibbert, G. R. Hind, G. Maxted, D. A. Mitchell, *†T. D. M. Stout.

*Distinguished in Anatomy. †Distinguished in Physiology. ‡Distinguished in Pharmacology.

First Conjoint Examination, July, 1907.—Parts I. and II., Chemistry and Physics.—Ahmed Abdel-al, T. S. Allen, M. Z. Hanafy, E. R. Hart, W. L. Ingram, G. B. H. Jones, G. W. King, R. H. Lucas, C. H. G. Pochin, M. H. Ratton, A. Tilbury. Part III., Elementary Biology.—T. S. Allen, E. R. Hart, W. S. Hyde, C. H. G. Penny. Part IV., Practical Pharmacy.—H. J. B. Cane, P. A. S. Dyson, C. F. L. Leipoldt, M. K. Nelson, P. V. G. Pedrick, M. D. Price.

Royal College of Surgeons of England, July, 1907.—Preliminary Science (L.D.S.). Parts I. and II., Chemistry and Physics.—C. H. Bradnam, G. H. Hickman, *C. G. Morris, C. F. L. Ruck.

*Chemistry only.

Indian Medical Service Examination.—F. A. Barker, M.B., B.C., A. T. Densham, M.B., B.C., A. B. Zorab, M.B., B.S.

Conjoint Examining Board in England.—Diploma in Public Health.—Bernard H. Wedd, M.D.

University of London.—Preliminary Scientific Examination, July, 1907.—Part I., Inorganic Chemistry, Experimental Physics and Biology.—V. Atienza, T. I. Bennett, T. P. Cole, D. A. Davies, A. S. Erulkar, S. Keith, J. F. Mackenzie, W. Matthews, R. D. Passey. Inorganic Chemistry and Experimental Physics.—G. E. Genge-Andrews (*b*), R. O. H. Jones. Experimental Physics and Biology.—W. S. George. Inorganic Chemistry only.—F. D. Annesley (*p*), H. Mather. Biology only.—R. Creasy, M. Scott (*cp*). Part II.—Organic Chemistry.—E. A. Barker, G. A. Blake, F. Cook, J. A. Delmege, V. Glendining, A. H. Gool, H. L. Hopkins, J. M. Joly, C. D. Killpack, G. Marshall, P. J. Monaghan, B. R. Parmiter, E. G. Reeve, R. Rodgers, E. G. Schlesinger, G. T. Foster Smith, J. L. Stewart, H. P. Warner. Scholarships Examination, July, 1907.—Physiology.—F. Cook.

(*c*) This candidate has already passed in Inorganic Chemistry.

(*p*) This candidate has already passed in Experimental Physics.

(*b*) This candidate has already passed in Biology.

Retropharyngeal Abscess.

As a possible cause of dyspnœa in children, retropharyngeal abscess is often forgotten. A few remarks, therefore, may with advantage be made here relative to retropharyngeal abscess in children.

In the great majority of cases retro-, or post-pharyngeal abscess is acute. Students are aware of the possibility of an abscess occurring between the layers of the cervical fascia which lie between the pharynx and the vertebral column, and which are of a chronic nature, and secondary to tubercular disease of the cervical vertebræ.

Acute retropharyngeal abscess, which occurs more frequently than the previous form, and lies altogether in front of the layers of cervical fascia behind the pharynx, has quite a different ætiology. The suppurating process takes place in the retropharyngeal glands.

These glands lie one on each side of the median plane beneath the mucous membrane and wall of the upper part of the pharynx. They drain this part as well as the nasal fossæ. Thus they drain a part which is particularly liable to sepsis in children—a part, at any rate so far as the upper portion of the pharynx is concerned, covered with lymphoid tissue, which is collected together in a mass about the middle line to form the pharyngeal tonsil.

The patient, suffering from retropharyngeal abscess, is brought up to the hospital suffering from dyspnœa. Laryngeal diphtheria is at once thought of as the probable, nay, certain, cause of the dyspnœa. If, however, the speech, or, in the case of an infant, the crying or coughing of the child be carefully observed, no huskiness is audible, thus indicating that the obstruction is above the larynx.

If, now, the mouth be examined, much mucus will be found about the fauces, and one tonsil will be found to be pushed forward. These three signs—the absence of huskiness, the presence of much mucus, and the pushing forward of one tonsil—should lead the student to examine the throat with his finger, when he will find on the back wall of the pharynx a swelling, which is tense, elastic, and smooth. This swelling is usually situated more to one side than the other, *i.e.*, behind the tonsil which is pushed forward. Other signs which may be present, apart from those usually associated with the presence of an abscess, are increased nasal discharge and an external swelling in the neck.

The increased nasal discharge may be due to some rhinitis, but may also be due to the fact that the normal nasal discharge, usually passing through the posterior nares, owing to the pharyngeal obstruction in these cases, passes through the anterior nares.

The swelling in the neck is due to extension of the inflammation, probably to adjacent cervical glands.

If there be an external swelling, then fluctuation may sometimes be obtained between it and the retropharyngeal swelling.

Sometimes, associated with the dyspnœa there is cyanosis and drawing-in of the ribs; but these dyspnœic symptoms need not call for special description except that the absence of huskiness in crying or coughing may again be urged.

Treatment.—The indication in treatment is the evacuation of the abscess. Some authorities recommend an external incision, but even if there be a large external fluctuating swelling in the neck, an internal incision, through the mouth, should be tried first. This internal incision is followed by excellent results, and is easily accomplished.

No anæsthetic should be given. The child's head should be placed over the end of a table, with a blanket round arms and trunk. The mouth is opened as widely as possible, and the operator passes his left index-finger to the back of the throat, and localises the abscess. A knife, guarded with strapping to within half an inch of its tip, is introduced with the right hand, and, guided by the left index-finger, is made to incise, not simply prick, the swelling. Pus is at once evacuated, but, owing to the position of the patient, escapes into the mouth, where it may be sponged out.

The pharynx is then sponged out well. After the operation considerable shock may be present, which is combated best by brandy. The pharynx should be carefully sprayed with Resorcin, Chinosol, or Boracic lotion, and the general treatment for abscess carried out.

The following points in the diagnosis and treatment of acute post-pharyngeal abscess may be thus summarised—

1. In cases of dyspnœa occurring in young children, always think of post-pharyngeal abscess as a possible cause.

2. Be sure to make an efficient ocular and digital examination of the fauces and pharynx.

3. Observe the presence, or absence, of huskiness in the crying or coughing of a young child affected with dyspnœa.

4. Observe the tonsil pushed forward on one side and the large amount of mucus in the mouth.

5. As a point in diagnosis it may be mentioned that of thirteen children affected with retro-pharyngeal abscess seen by the writer, the average age was twelve months.

6. Incise the abscess through the mouth.

7. No anæsthetic should be used.

8. Shock, if present, should be combated with brandy.

9. After the operation the pharynx should be frequently sprayed, and the patient must not be discharged from treatment until the wound has completely healed.

RALPH THOMPSON.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Medical Instruction.

Sir,—I have to inform you that the regulations regarding the allocation of students entering for a course of fever instruction at the Board's Hospitals which have been in force during the past year are again suspended, and that the regulations previously in force are again in operation. Students will therefore be entered for the classes without limitation of choice of hospital until the maximum number (twenty) of a class is reached.

Will you kindly make this known among the students of your hospital?—Yours, etc.,

T. DUNCOMBE MANN,
Clerk to the Board.

Metropolitan Asylums Board,
Embankment, E.C.
6th August, 1907.

Papers by Guy's Men.

Presidential Address on Science in Relation to National Health. Delivered at the Seventy-fifth Annual Meeting of the British Medical Association on 30th July, 1907, by Henry Davy, M.D. Lond., F.R.C.P. Lond.—*The Lancet*, 3rd August, 1907.

On the Etiology and Pathological Histology of Beri-Beri. By R. T. Hewlett, M.D. Lond., and W. E. De Korté, M.B. Lond.—*British Medical Journal*, 27th July, 1907.

Peripheral Neuritis, due to Lead Poisoning, in Children. By J. Macdonald Gill, M.D. Lond.—*The Australian Medical Gazette* for June, 1907.

Cases for Diagnosis.

A YOUNG lady, married nine months, was suddenly attacked with pain in the abdomen, and vomiting. She had missed the last two periods, but otherwise had been apparently quite well. A general practitioner was called in, and found the abdomen generally rather rigid and tender, especially just to the left of the umbilicus, but nothing definite could be discovered on palpation. The temperature was raised to 101° F. and the pulse rate increased to 110 per minute. The bowels had not acted for two days previously. As the patient did not appear to be very ill, the medical attendant decided to temporise. In a week's time the patient had so far improved that the vomiting had stopped, the bowels were acting with enemata, the pulse rate was lower, and the temperature, although lower, still reached 100° F. at night. The abdominal rigidity had, in great part, disappeared, and it was now that, upon palpation, a mass was discovered situated in the abdominal cavity. A surgeon was then called in. He felt the mass; it seemed to be deeply placed and not movable. It was situated behind the left rectus abdominis, on a level with the umbilicus, but the greater portion of the mass was below that level. It was rather tender, ill-defined, and there was considerable rigidity of the superficial muscle. When the fingers were dipped deeply through the abdominal wall below, the mass could apparently be separated from the pelvis. In shape and size the mass was thought to resemble half an orange, but the limits could not be made out at all definitely. An examination of the rectum revealed a slightly enlarged uterus, but otherwise everything seemed natural. A laparotomy was performed. The wound healed by primary union. The patient is now (six years later) the mother of a family and in excellent health.

Comment upon the diagnosis. What would you have expected to find, and how would you have treated such a case?

The above case was set for commentary in the examination for the Treasurer's Gold Medal for Surgery this year. The solution appears on page 320.

A married woman, aged 33, with no family, till eighteen months ago was in perfect health. She gradually became ill with a temperature, sore throat, rigors, and a rash resembling scarlet fever, for which she was sent to an Isolation Hospital. She had no complications, and the rash was *said* not to have peeled satisfactorily. She had several rigors, and the drains in her house were found to have been defective. Since her return her weight has fallen to six stone. Gradually she can get about, sleeps badly, and relies entirely on small quantities of slop diet for nutrition and on glycerine enema for a troublesome inaction of the bowels. All medicinal treatment had failed. She presented herself as a case for diagnosis or for exploration.

Condition on admission.—Patient was a ruddy-cheeked, thick, high-cheek-boned woman of 33, generally diminished in flesh uniformly, no great weakness, can walk about, but not a quarter of a mile; suffers from constipation, pain after solid food—*directly after*—which is always under the right rectus, about one and a half inches from and above the umbilicus. She has never brought up blood nor passed it. She has never been sick; liver normal, no jaundice; lungs normal, pelvic organs normal. She remained under observation ten days. During that time she slept well, after one night's insomnia, without drugs; she was not sick, and had no nausea. She had a rigor after calomel, was forbidden glycerine enemata, and urged to eat. She ate chicken and fish, and full farinaceous diet, and drank no alcohol. No sign of peristalis observed. Pain not a marked feature, but constant to spot (*vide supra*). No succussion splash ever elicited. Inflation of the stomach by a seidlitz powder showed a large dilated, sluggishly-contracting stomach three inches below the umbilicus, lying in normal position, well dilated. No sickness or nausea followed.

A good deal of obvious exaggeration cast great doubt on the reality of her pain. Medical treatment, nursing and dieting at home had absolutely failed. The patient demanded an operation. In a week she put on twenty-four ounces in weight, her appetite was good, her bowels responded readily, without rigors, to calomel (gr. iij. O. secund. vel tert. nocte). Headaches absent, urine normal. Her abdomen was supple, and except in one spot was insensitive to ordinary palpation. In the rigor that occurred her temperature did not rise, and she never varied in colour. In fact, it was noted as a purely neurotic phenomenon, and was not repeated.

Should an exploration or other operation be done, and if so, for what reason? If not, what treatment would be appropriate?

The solution appears on page 320.

Travels of Metelacus.

(A further fragment from the M.S. of Metelacus.)

. . . And anon we journeyed for a short space and came unto a neighbouring country. Here we abode many days, for in sooth many strange sights saw we there, that it were impossible to recount the half of them.

Now the overlord of the land was one Kur-Súpah, who indeed had supreme authority in all things, even to the power of life and death among the people, to whom was also a hound of fearsome and wondrous aspect. But it was a matter of great grief unto the people that he gave place in his Palace to a beast that was not of the sacred kind. But for fear of what might happen, all men did outwardly make pretence to do great honour to the animal: but aside they used him despitefully and said hard sayings, for in sooth he was but a sorry mongrel. . . .

. . . And it came to pass that as we tarried winter came upon us, and the end of the year drew nigh. And there is a custom in the land that on the last day of the year, upon the evening when the morrow will be the first day of a New Year, all men assemble together at a great and sacred Festival of rejoicing. And a great fire is kindled before the image of the first god of the country, in the Holy Court: and each man must render some of the goods of his household to be consumed, that he may learn lowliness of mind.

And we marvelled that in this matter no human sacrifices are offered: for such is the law of the land. Neither do they slaughter and offer beasts to consecrate the pyre: howbeit there perish many animals borne thither upon the woodwork torn from the halls of those who go forth to minister unto the women of the country in the time of their travail. And all the chief of the citizens are present at the burning, and make strange cries invoking their gods to aid them in whatsoever may betide.

And upon the first day of the New Year we found one to guide us, and had further knowledge of the manners and customs of this strange people. And first we saw where wise and goodly men had caused to be built a fountain for the quenching of men's thirst, and hard by a Refuge. Here might all the diseased in body crave help and find succour, be it by day or be it by night. Over this was set a tall priestess, clad in the blue cloak of her Order: and all obeyed her veriest word and sign, that we imagined her to be a goddess. But behold she toiled even as others did, so that we knew her to be but mortal. And with her were maidens whom we deemed to be after the manner of prophetesses or soothsayers: but our guide said not so, but that they were but as other damsels and reckoned of no account in their own land. And we were grieved that this was so, for they were comely of figure and fair to gaze upon.

And we looked further about the Refuge: and behold, a fire burning brightly, with copper vessels of sacred water before it, which being ever made to boil, sent vapours unto the heavens above.

And the men of the Place of Refuge were of two kinds: for besides those having authority there were the underlings. Now those having authority walked wearing about their necks the badge of their office, shaped, as it were, like the face of a bull viewed from in front, with two curling horns arising therefrom. These men did instruct the underlings and direct them in the manner of administering to the afflicted: and the manner of their so doing was on this wise: they would steep pledgets of wool in the steaming bowls as they simmered before the fire, and apply these as balm to the hurts of the distressed. And long we gazed, seeing whether aught else might befall, but this we found was indeed the only manner of healing known to these unenlightened barbarians.

But some there were within the Refuge who wore not the tokens of authority, neither toiled they: and the purpose of their presence left us doubting. For they stood upon the narrow rim of stone which fenced about the sacred vessels and the burning fire, and ever and anon they spake long and earnestly with the damsels of the place. But when we inquired asking the meaning of these things . . . .

(CETERA DESUNT.)

Change of Address.

Mr. J. S. Farnfield, M.R.C.S., L.R.C.P., from Guy's Hospital to 187, Ashburnham Road, Hastings.

Mr. W. R. Ransford, from the Civil Hospital, Maymyo, Upper Burmah, to the Upper Burma Club, The Fort, Mandalay.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

The Mortuary.

The Mortuary, which has just been completed, is furnished with the most up-to-date appliances for preserving the subjects and for ease in handling same.

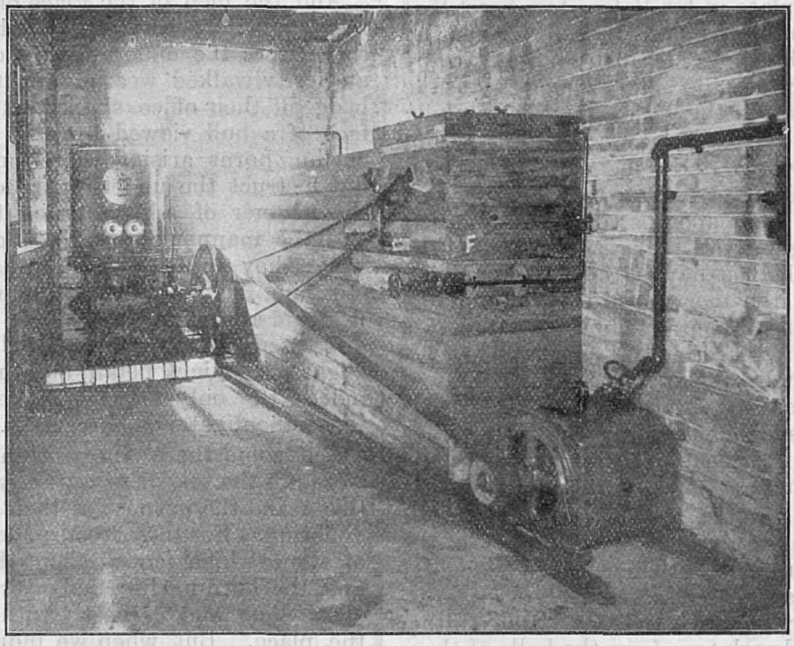
There are two chambers, which are cooled by means of one of Messrs. Enock & Co.'s refrigerating machines on the Ammonia Compression system. The machine is one of this firm's well-known safety self-oiling type, with enclosed crank chamber, and is able to run with an entire absence of escape of ammonia, and also with no clearance in the compressor cylinder, thus giving a maximum of efficiency for a minimum of attention and cost of upkeep.

The cooling of the chambers is effected with a combined arrangement of cold air circulation and brine storage, and this is so arranged that either one or both of the chambers may be cooled independently by a simple arrangement of sliding shutters, manipulated from the outside.

The temperature is reduced from 40° to 35° F. by means of the air circulation, and the brine storage in the tanks having been cooled down to about 30° F. or lower, holds the chambers at a low temperature during the night and at intervals when the machinery is stopped. The temperature may be varied at will by regulating the admission of cold air through the sliding shutters.

The refrigerating machine is shown in the accompanying photograph No. 1, and it will be seen that it is driven by belt from electric motor, the air-circulating fan being driven off the shaft of compressor.

Photo No. 2 shows the front of the chamber, one door being partly open. Photo No. 3 shows the two chambers with one door fully open with rack and tray. This rack and tray is shown in more detail in Photos 4 & 5.

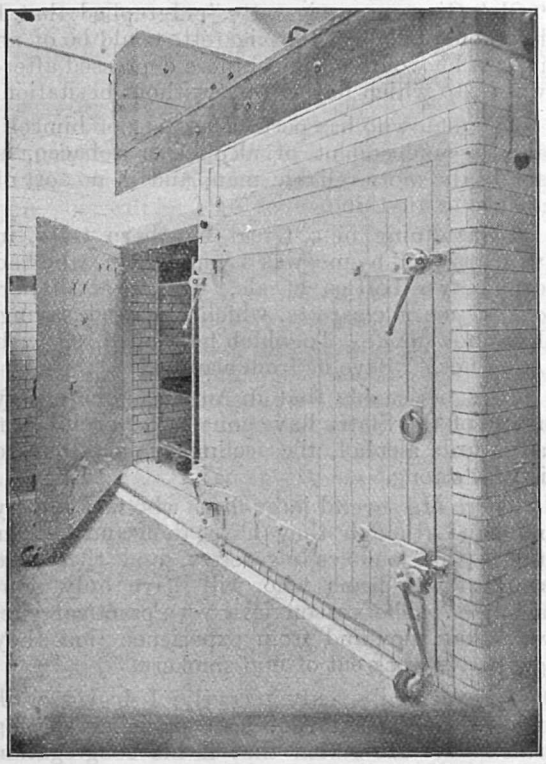


No. 1.

These racks, designed by Mr. Saltmarsh, are especially constructed with a view to absolute lightness and ease in running.

The whole of the Mortuary and chambers are faced in white glazed bricks and tiles, and can be flushed out by hose.

The whole of the erection, and insulation trunks and chambers, were carried out by the Works Department, Messrs. Enock & Co. supplying and fixing compressor.



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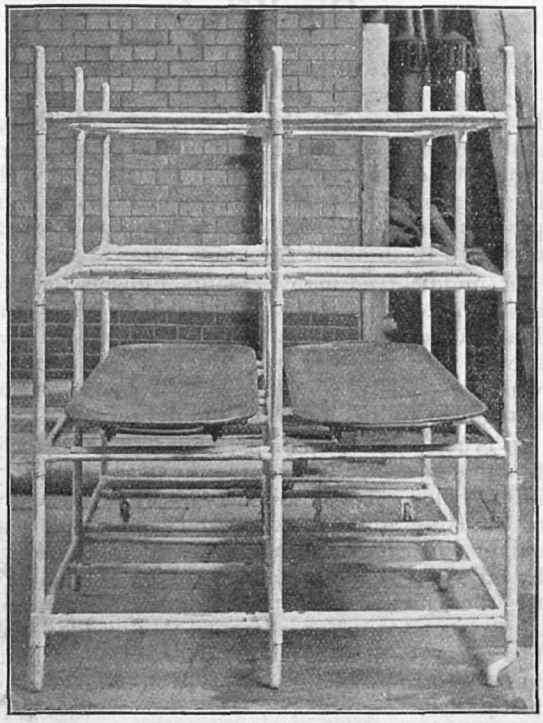
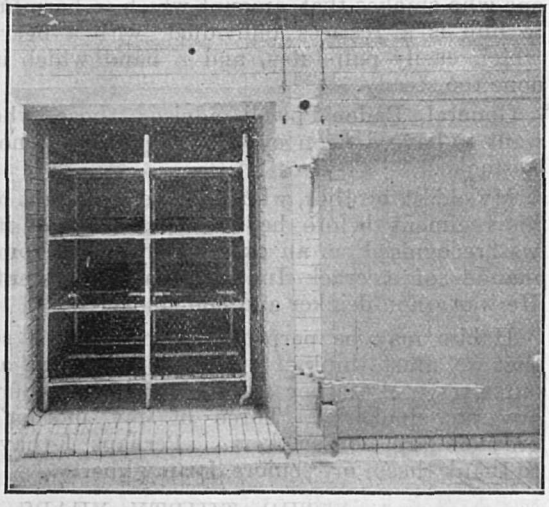


No. 4.



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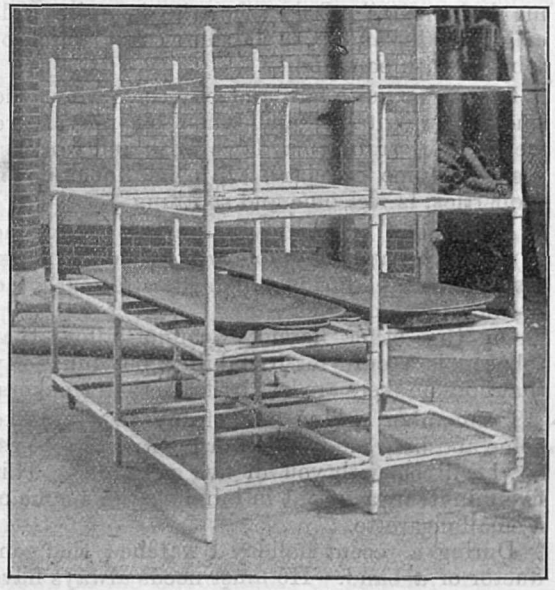

No. 5.

Papers for the Newly Qualified.

VIII.—Smoking.

IF we consider ourselves in any way guardians and promoters of the health of the people, and especially of the male sex, who are labelled with the tag of slackness and degeneracy at the present time, I feel we ought to have a word to say to them about smoking.

A middle-aged man presents himself for life assurance. He says, "I am quite well, but I am a heavy smoker." He is clearly flabby, speaks without energy, is pale, and has a pulse which is easily compressed. Tobacco is an antagonist to life, a poison and depressant.

"True," says my patient, "but I do not care to feel too energetic, since my time is spent chiefly in my office. I would rather have the pleasure of smoking and drinking and feel quiet and subdued." Smoking and drinking (which means by far most usually some form of alcohol) go together, just as non-smoking and non-drinking are associates. For example, Mr. Edge, who has recently motored sixty-five miles an hour for twenty-four hours, is a non-smoker and teetotaller.

As soon as a man is attacked by any disorder from within or without causing illness, he is unable to stand any further attack from tobacco, and so says, "I cannot smoke, it makes me feel queer." Only when he is quite well can he resist and bear the depressant action of tobacco with equanimity.

I must be quite fair and say that when the smoker is irritable, and when his nerves are feeling the strain of a day's work and worries, then his pipe or cigar, with its knock-down properties, is welcome and soothing.

At the end of the day is the only wise time to smoke, because it is followed by many hours' rest and sleep, during which the aftermath and ill-effects are lost.

On the other hand, I cannot allow that tobacco is a cure for irritability, but must say that non-smokers are less irritable than smokers.

I remember asking one of my assistants to come and help me at a minor operation. "Yes, sir, I will be with you in five minutes." This five minutes was spent in inhaling the smoke of a small cigarette.

During a recent holiday I watched the conductor of a band. He must needs always have a cigarette before starting. The ship we were in grounded on a rock, while they were playing. The first fiddle became alarmed and said, "Oh! Give me a cigarette." I replied that I had none, but that the cigarette could be of no use, as he would only feel more depressed afterwards, to which he assented without hesitation.

The man who has perfect mastery of himself, and is independent of alcohol or tobacco, is surely the more reliable man, and is no sort of a slave to anything.

I was dining in a Great Northern train, in which, seated by me, was a young man, who had drunk two bottles of ale. He, after dinner, offered me a cigarette, which I refused, saying, I did not smoke. To which he replied, "I wish *I* did not." Save us from slavery!

It is noticeable that in America, where very many of the States have gone in for prohibition as regards alcohol, the feeling against tobacco is very strong.

There are several large firms who will employ no hand (though they have thousands under them) that smokes cigarettes, and there are some fewer firms who will have only non-smokers. The reason is a very practical one, viz., that they find from experience that they get better work out of non-smokers.

Unexpectedly, only recently, I had a walk and talk with an American preacher visiting this land. He stated that if his congregation saw him smoking he would at once go down in their estimation as a man of low moral tone.

Surely it is a lofty ambition to be as smart and masterly as possible. Anything beyond two ounces of tobacco a week is pernicious. The one who smokes that amount which is harmful to him is a restless individual, with a heart which easily palpitates, and a hand which is none too steady.

General Baden-Powell advises those who want to have a keen eye and steady hand not to smoke.

My eldest brother, who had been adjutant of his regiment before he became colonel of it, was recognised as an exceedingly smart commander of a crack Indian cavalry regiment. He was a non-drinker and non-smoker.

Habits may be perpetuated in families, so that we must think of our progeny as well as ourselves. My father and two of my brothers are non-smokers. Three of my mother's brothers are non-smokers. Perhaps I have to thank these, my seniors, for my liberty.

AFTER THIRTY YEARS.

The Medical Agency.

Many of us will remember Mr. Reaside and the help he has given to such large numbers of Guy's men when he was at the Hospital; and though he is now not often to be found in St. Thomas's Street, all Guy's men, and especially those anxious to obtain either permanent or temporary practice, will be glad to hear that he has not gone far away.

The new Medical Agency has its offices in Watergate House, within a stone's throw of the Strand and Charing Cross Station. It was here I sought Mr. Reaside one afternoon lately, and found him occupying what must be one of the most pleasant offices in London, for from the balcony outside, overlooking the Embankment Gardens and the river, half of the Metropolis can be viewed, from the Houses of Parliament on the right, to the New Bailey and Hotel Cecil on the left. Bedlam Dome is straight in front, St. Thomas's Hospital to the right hand, while Guy's Tower appears close to the left. In the distance the Crystal Palace and Shooter's Hill are on the horizon.

Here Mr. Reaside carries on the work he for so many years conducted down here, though now qualified men from other hospitals will be able to share with us the advantage of his guidance and experience in the selection of appointments, practices, and locum tenens.

The Medical Agency undertakes to arrange for medical men:—

Transfers and Partnerships.
Investigations for Purchasers.
Valuations and Negotiations.
Locum Tenens, Assistants, etc.
Medical Accountancy.
Legal and Insurance work.

We wish to remind Guy's men who may have thought that Mr. Reaside, by leaving Guy's, was severing all connections with the Hospital that this is not the case at all, but that he is as much at their service with advice and help as he ever was.

The Lord Mayor and Corporation of Cardiff, in order to commemorate the recent visit of Their Majesties and H.R.H. The Princess Victoria, intend to present 40,000 specially designed boxes containing Milk Chocolate to the School Children of that City, and have entrusted the execution of this large order to Messrs. J. S. Fry & Sons, Ltd., of Bristol and London, Makers to H.M. The King.

The Royal Commission on Vivisection.

Second Report.

The second report of the Royal Commission on Vivisection lies before us and has proved most interesting reading. The thorough ventilation which these reports give the subject serves a very useful purpose, and one cannot but be grateful to the antivivisectors for their periodical reminder of the immense value of the work of the numerous original investigators in this country. The two opposite views being brought forward in this manner enables one to form a fair estimate of the value of this method of inquiry into the realms of the unknown in medicine. And one realises, after reading the report, what a great boon vivisection has conferred on medicine. The evidence of Mr. A. R. Cushny is particularly interesting, as it shows what a large amount of useful work has been done in pharmacology by means of animal experimentation, work which, we venture to think, is not so generally appreciated at its true value by the profession. The results are, of course, thoroughly appreciated, but the amount of work requisite to attain these results is not, we believe, so well known. Mr. Cushny's evidence is given in a clear, brief, and business-like manner, free from unnecessary adjectives and side issues, features which disfigure the evidence of some of the opposite party.

With the views of the antivivisectors we must confess to have small sympathy, but we are always ready to try and obtain an insight into the subject from their point of view. In this instance we do not seem to have succeeded very well, as it seems to us that Miss Kenealy, in a mass of diffuse remarks, brought forward very little fact in support of her statements, and in her examination she did not seem to know as much about the subject as she pretended to. Mr. J. W. Graham was much better, but confined himself to the ethical point of view, more or less. It seems strange to us that anyone should rely on hearsay evidence when called before a commission of this nature. A little investigation into the subject of pain and anæsthetics in animals would, we believe, wipe away many of the antivivesectors' false ideas on the subject. A valuable hint was given them by one of the members of the Commission, viz., that a study of anæsthetics in a veterinary hospital might possibly cause the antivivisector to alter his views on the impossibility of properly anæsthetising animals.

Reviews.

The price of books submitted for review should in every case be stated.

Materia Medica.—By W. Hale White, M.D., F.R.C.P (London: J. & A. Churchill.) Pp. 592. 6s. 6d. net.

This is the tenth edition of this valuable work. It must be known to most of our readers, and, while not such easy reading as some of the other works on the same subject, is an invaluable work to the student and practitioner. Its compactness renders reference easy, while it is, at the same time, sufficiently full to give the student a good idea of the knowledge of the subject. This edition has been brought up to date, but otherwise is essentially the same as of old. There is a small chapter on unofficial serums, including the modern opsonins, which should prove valuable, giving, as it does, a brief practical account of the subject. The work is, however, so well known that it needs no encomiums from us to recommend it to our readers.

Essentials of Chemical Physiology.—By W. D. Halliburton, M.D., LL.D. (London: Longmans, Green & Co.) Pp. 258. Price 4s. 6d. net.

This is the sixth edition of Professor Halliburton's book, and is as carefully edited as of old. It has been brought up to date, and several pieces of new work have been added, notably the more recent work on tissue respiration. One change calls for remark, viz., the introduction of the new proteid nomenclature, which was the outcome of a combined committee of the Chemical and Physiological Societies. While any change in nomenclature is to be deprecated, as being liable to produce confusion, it is none the less true that the new nomenclature will, in the end, bring about a greater harmony of ideas between the chemist and the physiologist. The drawback is that a number of physiologists do not see that the new names are any advance on the old, and decline to use them. While this state of things lasts some confusion is unavoidable, but Dr. Halliburton's step marks a distinct advance in the introduction of the new nomenclature. We cordially recommend the book to our readers.

The Influence of Cod Liver Oil on Tuberculosis.—By J. W. Wells, M.D. (Manchester University Press.) Pp. 83. 3s. 6d. net.

In this small book the author sets forth the results of a number of experiments on the dietetic value of cod liver oil and cod liver oil emulsion on tuberculous and nontuberculous pigs. Each experiment was conducted with a control, and most carefully carried out. The results the author arrives at show that cod liver oil has a distinctly nutritious effect on normal animals, and emulsions a much greater effect; while pigs infected with tuberculous material show a smaller susceptibility to disease when fed on cod liver oil or cod liver oil emulsions. Emulsions, again, have a more marked effect than ordinary oil, pigs fed on emulsions standing inoculation with tubercle better than those fed on ordinary oil. The only objection to be raised to the experiments and the conclusions is the small number of the former. In our opinion it is unsafe to draw conclusions from such a small number of experiments, especially in connection with what is nowadays a subject of paramount importance.

Practical Physiological Chemistry.—By J. A. Milroy, M.A., M.D., and T. H. Milroy, M.D., B.Sc., F.R.C.S.E. (London: Wm. Green & Sons.) Pp. 201. Price 5s. net.

This is the second edition of these authors' work, and is very nicely got up in clear type and on good paper. It is a very good book on the subject, giving a careful account of the chemical characteristics of physiological principles. The more advanced work is printed in brackets. At the end of the book are a few tables, which should prove of great value to the student in identifying various bodies of physiological importance. We do not remember to have seen such tables in any work of a similar nature. Some excellent spectra complete the volume. The authors have purposely adhered to the old nomenclature, as they consider that the new one is not yet on a sufficiently secure basis. This we consider a drawback, as the more modern one is almost sure to be adopted sooner or later.

Elements of Physics for Medical Students.—By F. J. Page, B.Sc., F.I.C. (London: Cassell & Co., Ltd.) Pp. 288. Price 5s. net.

This work is intended to be a text-book for medical students preparing for the examinations of the Conjoint Board and the Society of Apothecaries, and has been written for that purpose. It is, therefore, essentially elementary and of limited scope. It is in the same series as a small book, "A Manual of Chemistry," by Drs. Luff and Page, which is possibly known to some of our readers. It gives a fair account of the subject, considering the small size of the volume, and is illustrated by some very clear diagrams and coloured series of spectra. It should prove useful for the purpose for which it was written.

Appointments.

Mr. F. NEWLAND-PEDLEY, F.R.C.S., L.D.S. Eng., has been appointed Consulting Dental Surgeon to Guy's Hospital.

Mr. H. L. PILLIN, L.D.S. Eng., has been appointed Dental Surgeon to Guy's Hospital.

Mr. M. F. HOPSON, L.D.S. Eng., has been appointed Dental Surgeon to Guy's Hospital.

Theophrastus Such in the Vacation.

Theophrastus wandered into the park, where I found him sitting on a bench alongside of an Irido-cyclitis, who had survived much calomel, and who expectorated profusely on the gravel walk.

I had not seen Theophrastus for a long time. The Suches, I had been given to understand, had gone to America, where Theo had hoped to pick up a pork king's daughter, and some further philosophy anent the ways of flies, buzzing bees and carminatives.* He had sent me, pretty regularly, the *American Journal of Clinical Medicine*, *The Baltimore Osteopaths Magazine*, and *The Twentieth Century Record of Empirical Medicine*, of which I treasure the first and tore the two last into spills for pipe lighters. Also he had sent me impressions of American hospital life, red-hot, pungent, cayenne-raw, and china-red, which he "thought might do for the Gazette." Apparently they didn't, for the Gazette is still alive, and the impressions have presumably been suppressed.

"I got a bit for you over there," said Theophrastus, after the first greetings were over and the Irido-cyclitis had been good enough to cease his uninteresting conversation about the deficiencies of his dresser and his dinner. "It is marvellous what they achieve over there."

He waved his hand in the direction in which he imagined America to be, south-east by south towards the colonnade, and lifted his eyebrows to assure the Irido-cyclitis and myself how really marvellous their achievements were. Then he took a soiled paper from his pocket and read out aloud the following bit of twaddle:—

"Der Arzt vom neuesten Datum
Braucht den Patienten nicht:
Nur das Blut, Se- und Exkretionen,
Was er spuckt, uriniert und erbricht.
In Retorten und Mikroskopen
Erblickt er der Krankheit Spur
Und bestimmt im Laboratorium
Die Art und Weise der Kur."

"That describes them," he said, approvingly. "A marvellous people."

"I don't know so much 'bout that," said the Irido-cyclitis, who, it appears, served his country on the stormy waters before he went in for poultry farming in Wessex and got his lesion. "Them Greeks ain't so smart a set, doctor. When I was in the Bosfeeryus I seed a good deal of the dirty ——"

"I am referring to the Americans," said Theophrastus, with withering sarcasm. Only the native politeness of the Suches prevented him from moving the debate to another bench. Afterwards he stated that the Idio-cyclitis interested him. It is so refreshing to meet somebody who looks at eyes from a different point of view than that of your ophthalmic dresser.

"I see you are having the vacation," Theophrastus went on, the Irido-cyclitis having been reduced to a proper state of respectful and fumigating silence. "In America they never have such absurdities."

"Whatever is the use of a vacation? Does a man want a regular round of recreative days when summer comes? Is there historical precedent for the custom of closing your medical school three months during the year, upsetting your enthusiastic student"—(Theophrastus is an idealist)—"and disturbing your patient searches after truth? None at all. If you go back to the ancients you will find they had no holidays. They took their studies seriously. Can you imagine the shady groves of Academe ever having been shut or the gates of the Serapium ever closed? Vacations—holidays—rubbish."

"Now, in America it's different," he went on. "That rhymed prose I just read to you, with all its indecency—the fourth line is positively horrid—epitomises their art, their profession, and a nation that has advanced so far in clinical diagnosis needs no vacations. We don't live at the top: we never bite off more than we can chew, let alone digest: our reach never exceeds our grasp. Therefore, we need holidays, on the same principle that a man who never works needs a rest, and a man who is never hungry

* For a digression on which see his original biographer, George Eliot.

feels that he can do with a dinner. A match? Certainly."

"It's been a time of great pleasure, not unmixed with profit, to me," he continued. "Over there"—he waved his hand towards the Nurses' Home, evidently imagining that the position of America had already shifted—"they show you a thing or two—ahem! you realise, that is, the advances that medical science (if one may call it so) has made. There they consider seriously, "Earthquake shocks as an etiological factor in Dissemminate Sclerosis,"* and such things as the influence of geological formation upon the production of Dupuytren's contraction. Treatment? They give bryonin for sciatica: they "physiologise" *ad nauseam.* Take Dr. Wiley, who tells us that meat must never be chewed, since all flesh-eating animals bolt their food, and the saliva forms, with proteid, an alkaline compound which inhibits gastric digestion for a time. It is as impressive as salt-free diet. Before such scientific saturation I stand amazed. The physiological clinician is a great soul in America: we are only just getting him in rudimentary form."

There is a fashion of finality about Theophrastus which baffles criticism, especially when antagonistic. The Irido-cyclitis remained smoking, nodding his head now and then in a peculiarly irritating manner. Theophrastus switched off from American physiological clinicians to American philanthropists. He discussed Carnegie and the King's Fund, and told me that at Boston he had met an individual who had spent "thousands" on a local parish hospital. He took out his note-book and read new prescriptions to me. He suggested ibogaine for my pneumonia, and deirabinamine as a new antisudoral. Then he fell into a discussion on felluccas and barcas with the old navigator with Irido-cyclitis, and the last I saw of him was in earnest expostulation over diagrams drawn on the gravel to represent imaginary modes of navigating out-of-the-way Greek craft.

* *Vide* "California State Journal of Medicine," June, 1907.

August Off.

Let returning sons of Mars
Throne discursive registrars,
Let the case be most uncommon,
Let physicians disagree.
Let Hale-White, shut-eyed and weighty,
Think of one in eighteen-eighty,
Rather of the same denomination—it won't worry we.

Let the zealous nurse—God bless her!
Wake the jaded take-in dresser;
Let her call him to a query
Fractured base at half-past three;
Let him make a brick so splendid,
That the A.-H.-S. offended,
Finds it irksome to be cheery,
Still it will not sadden we.

Let the H.-P.—hardened sinner!
Coming ward-ward after dinner,
Find the new Pro. 4 a charmer,
Even that is nought to me;
For from where I sit surmising,
I can see six counties rising
In a hill-swept panorama,
Fringed by the eternal sea.

S. S.

Nursing News.

Matron's Office.

On Wednesday and Thursday, July 18th and 19th, the Nursing Staff and others were invited to garden parties at Kingswood Warren by the Treasurer and Mrs. Cosmo Bonsor. The weather, which had been very unsettled, proved beautifully fine on both days, and a most enjoyable time was spent by everyone. A special train conveyed the guests down to Kingswood, where they were received by Mrs. Cosmo Bonsor on the terrace. After light refreshment had been partaken of, the visitors either rambled through the woods and grounds, or over the moors, or enjoyed a pleasant drive through the country lanes; others played tennis, croquet, or one of the other numerous games provided, or tried their skill at Aunt Sally, or the switchback, and many paid a visit to the little tent where the lady palmist was awaiting visitors. At five o'clock everyone assembled in the large marquee, where a cold collation was served, at the end of which a very hearty vote of thanks was accorded to

Mr. and Mrs. Cosmo Bonsor. At 6.30 the party took leave of their kind host and hostess and made their way to the station, and Guy's was reached at 7.30. During the afternoon an excellent programme of music was given by the Royal Meister Orchestra.

On July 8th, Nurse Ellis left the hospital on completion of her training, and Probationer Hunter was appointed to succeed her as Head Nurse in the Eye wards.

On July 11th, Nurse Hutchinson, Head Nurse in Charity, left the Hospital on completion of her three years' training.

On July 13th, Nurse L. Fletcher left the hospital, and Probationer N. Gray was appointed to succeed her as Head Nurse in Job ward.

On July 19th, Nurse N. Carter left the hospital on completion of her training, and Probationer Hogg was appointed to succeed her as Head Nurse in John ward.

On July 30th, Nurse Barker left the hospital on completion of her three years' training, and Probationer McGown was appointed to succeed her as Head Nurse in Lazarus ward.

On July 31st, Nurse Chatfield left the hospital on completion of her training, and Probationer Vine was appointed to succeed her as Head Nurse in Astley Cooper ward.

On August 1st, Nurse E. C. Jones was transferred to the Theatres, and Probationer Paterson was appointed to succeed her as Head Nurse in Addison ward. Probationer Short was also appointed Head Nurse in Martha ward.

The following Probationers were successful in passing the Examination in Surgery:—D. Allen, Austin, Baigent, Banbury, Beesley, Bell, Bishop, Blair, Bodenham, Bottomley, Carey, Carter, Clifford, Collingwood, Cooper, Corbishley, Cornwell, Craig, Dale, Dean-Smith, Dudding, Dulake, Dyment, Ekins, Fisher, Foley, Forsaith, M. Frazer, Gabriel, Gardner, Gimson, Halden, Harris, Hepburn, Hilliard, Hulbert, Humphreys, Irvine, Jarvis Kenny, Kerr, Kingzett, Kiddle, Krauth, de Laveleye, M. Lewis, Lloyd, Lumholtz, Macmorland, Marsh, McDermott, McKitrick, Morgan, Moss, Mow Fung, Murphy, Nicholls, Ottley, Quilter, A. Roberts, Rooke, Sergeant, Stewart, Sweet-Escott, Taylor, Tilbury, Tucker, Tyers, Vanes, Veech, Venning, Walton, Watkins, White, Whittam, Willcox, Williams, Woollett, Worsley, Yeo.

Sport.

Lawn Tennis.

The season closed on Saturday, July 27th, when we should have played Surbiton, but owing to many men being away the match, unfortunately, had to be scratched. Only six matches have been played, of which four have been won and two lost; two matches had to be scratched.

Owing to many teams being full up, and also to lateness in getting fixtures, very few fixtures were obtained. This was a great pity, as this year we have been stronger than for a good many seasons, and what is more, with extra matches, and with therefore more practice, we should have probably won the cup.

INTER-HOSPITAL CUP TIES.

These were played as usual at Chiswick Park on June 19th to 21st.

We drew a bye and met Bart.'s on June 20th. We beat them somewhat easily by 12–0, the last round of the doubles not being played out. On June 21st, we met St. Thomas's in the final. In the morning we led by 4–2 in the singles; however, in the doubles, we just failed to get the winning points, and were defeated by 8–7. The result was in doubt right up to the last set, and was most exciting, probably producing the closest finish ever seen in the Cup Ties. Results:—

GUY'S v. BART.'S.

Singles.—A. Zorab beat R. T. Crawford, 6–2, 6–3; F. J. Cutler beat P. Black, 2–6, 6–1, 6–2; M. M. Earle beat E. V. Oulton, 6–2, 7–9, 6–4; H. Sharpe beat H. G. Lewis, 6–4, 6–2; H. Chapple beat F. P. Young, 6–2, 6–3; M. M. Adams beat F. J. Gordon, 6–0, 6–3.

Doubles.—Zorab and Sharpe beat Crawford and Black, 2 sets to 1; beat Gordon and Young, 2 sets to love. Earle and Chapple beat Oulton and Lewis, 2 sets to love; beat Crawford and Black, 2 sets to love. Adams and Cutler beat Gordon and Young, 2 sets to 1; beat Oulton and Lewis, 2 sets to 1.

Result.— 12–0.

GUY'S v. ST. THOMAS'S.

FINAL ROUND.

Singles.—A. Zorab lost to H. E. Dawes, 2–6, 5–7; F. J. Cutler beat C. Gouldesborough, 3–6, 6–3, 6–2; H. Sharpe lost to H. C. Gemmell, 6–3, 3–6, 6–8; H. Chapple beat H. B. Hewitt, 6–2, 6–2; M. M. Adams beat A. J.

Rae, 6–0, 6–2; M. M. Earle beat M. Brandon, 6–3, 7–9, 6–3.

Doubles.—Zorab and Sharpe lost to Dawes and Gemmell by 2 sets to love; beat Rae and Hewitt by 2 sets to love; beat Brandon and Gouldesborough by 2 sets to love. Earle and Chapple lost to Dawes and Gemmell by 2 sets to love; beat Rae and Hewitt by 2 sets to love; lost to Gouldesborough and Brandon by 2 sets to 1. Adams and Cutler lost to Dawes and Gemmell by 2 sets to love; lost to Rae and Hewitt by 2 sets to 1; lost to Brandon and Gouldesborough by 2 sets to love.

Result.—St. Thomas's won by 8 events to 7.

Papers by Guy's Men.

Notes on a Case of Tuberculous Cerebro-Spinal Meningitis. By Stanley Hodgson, M.D., B.S. Lond., M.R.C.S. Eng., L.R.C.P. Lond.—*The Lancet*, 3rd August, 1907.

A Study of the Conditions producing the Anomalous Reaction not infrequently met with on Testing Urine for Sugar with Fehling's Solution. By F. W. Pavy, M.D. Lond., LL.D., F.R.S.—*The Lancet*, 27th July and 3rd August, 1907.

Two Clinical Lectures on Intra-Thoracic Aneurysm. By Frederick Taylor, M.D. Lond., F.R.C.P. Lond.—*The Clinical Journal*, 31st July and 7th August, 1907.

Address in Medicine entitled—A Plea for Accuracy of Thought in Medicine. By W. Hale White, M.D., F.R.C.P. Lond. Delivered at the Seventy-fifth Annual Meeting of the British Medical Association on July 31st, 1907.—*The Lancet*, 3rd August, 1907.

Solutions of Cases for Diagnosis.

The Medical Commentary Case.

Prostatic pyæmia with secondary abscesses. Two infarctions, ? septic. Endocarditis.

The Surgical Commentary Case.

The case proved to be one of a tuberculous mesenteric gland to which a loop of small intestine had become attached and thus partially kinked. The adhesions were broken down, and the kink straightened out; then the bulging tuberculous mass was completely isolated by gauze packing, and incised. A quantity of creamy pus was evacuated. The abscess cavity was wiped out cleanly, and filled with emulsion of Iodoform and Glycerine; the margins of the incision were tightly approximated by means of a row of Lembert's sutures. After thoroughly clearing the exposed surface the packing was removed, and the abdominal wall closed by three layers of suturing.

The Other Case.

A consultation of three was held. The surgeon wished to explore for adhesions; the general practitioner wished something done; the observer diagnosed confidently neuroses and pyloric adhesions.

She was explored. The stomach was healthy; a cicatrised duodenal ulcer with dense adhesions was found, one and a half inches from the pylorus; a posterior gastrojejunostomy was done. Before closing, the surgeon demonstrated the impossibility of a "vicious circle." She wasted till she was skin and bone for fourteen days. The wasting then mysteriously ceased, and she made a complete recovery.

THE EDITOR will, at all times, be glad to consider articles or sketches, provided that they are accompanied by the writer's name and address, not necessarily for publication. Payment is a matter of arrangement, and the fees that the Gazette *can offer are merely nominal, but if the writer desires any remuneration that fact should be stated.*

Births.

OLVER.—On July 17th, at "Helston," Purley, the wife of S. Holloway Olver, L.D.S. Eng., of a daughter.

STAINER.—On the 23rd ult., at "Clare Cross," Salisbury Road, Southsea, the wife of C. B. Stainer, L.D.S. Eng., of a daughter.

Marriage.

TAYLOR—WRENFORD.—On the 27th ult., at Holy Trinity, Sloane Street, Martin Bramley Taylor, M.R.C.S., L.R.C.P., of Hemsworth, Yorkshire, son of W. Bramley Taylor, J.P., M.R.C.S., M.S.A., of The Birches, Weybridge Common, Surrey (late of Denmark Hill), to Mildred May, daughter of the late Rev. W. H. Wrenford, Vicar of Shaldon, South Devon.

Death.

STOCKER.—On July 18th, John Sherwood Stocker, M.D., London, aged 81.

Ed.—M. E. B.

GUY'S HOSPITAL GAZETTE.

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The Pupils' Physical Society.

AT the last meeting of the vice-presidents of the Pupils' Physical Society, the programme for the ensuing session was discussed and decided upon. We do not think we are betraying any state secrets in giving here a brief outline of the main points that were under discussion at the meeting. The Society is one in which every student, past or present, of the hospital ought to have an interest, and no apology is needed for drawing attention, again and again, to its doings.

The annual meeting of the Society—the first meeting of the session that is—will be held this year a week earlier than is usual, in October. This decision is one of which we cordially approve. The Society's introductory meeting and dinner fittingly open the winter term, and the earlier they are held the greater, we believe, is the chance for the new student to become acquainted with the benefits of the Society and with the importance of associating himself actively with its meetings. As in former years, the Society has gone outside the circle of Guy's men to select a speaker for the evening, and in persuading Dr. Gibson of Edinburgh to open the session with an address at the first meeting, it has achieved a success of which the secretaries may feel proud. Dr. Gibson has decided to entitle his paper "Past and Present,"—a theme which will enable him, no doubt, to draw striking and instructive comparisons, while it affords him, at the same time, a wider range and a broader field than the limitations of some specific subject in medicine would have permitted. The annual dinner will be held at half-past six in the evening in the College hall, and we are glad to be able to state that our esteemed President, Sir Samuel Wilks, has consented to occupy the chair at the meeting, while Mr. Cosmo Bonsor has intimated his willingness to preside at the dinner. The meeting will this year be held in the Anatomical Theatre, a choice which those who experienced the chill in the physiological theatre—a coldness which even the warmth of Professor Allbutt's eloquence could not make us forget last year—will rejoice at.

The programme for the session has been modified in some important respects. Instead of devoting, as heretofore, all the evenings to the reading and discussion of papers, and the exhibition of interesting clinical and pathological specimens, it has been decided to set apart at least two evenings during the whole session to a discussion or debate on some subject of more or less general interest. The subject decided upon as the theme for the first debate is "Alcohol,"

and we look forward to an interesting and instructive attack and defence by the supporters and detractors of that universal poison. In the past the Society has been happy in its choice of subjects for such debates. "Tuberculosis" and "Gout" both gave rise to sustained and interesting disquisitions, and there is every reason to think that the subject decided upon for the first meeting will occasion as lively a meeting as these two did. It has not yet been definitely decided what will be the subject for the second "debate night." "Chronic Constipation" and "Gastric Ulcer" have been suggested, and both themes are so worthy serious consideration that it is found difficult to decide between them.

We would earnestly call the attention of members—and it must be remembered that every student of the hospital is a member, and as such entitled to be present and to speak at the meetings—to these and the other meetings of the Society. During the past year the attendances have been singularly poor, and men have displayed remarkably little interest in the doings of the Society. To some extent, as was suggested, this may have been due to the fact that the meetings are held on Saturday night, when those who wish to spend a week-end out of town are debarred from attending. That objection, however, does not apply to resident students, who are generally able, but unfortunately not always enthusiastic enough, to be present. It has been suggested, therefore, that some other evening of the week should be chosen, tentatively at least, and, after considering the claims of the calendar, it has been decided to hold one or more of the meetings on a Wednesday night, in the hope that members who are unable to attend on Saturdays will be able to take part in the discussions. The decision, we understand, is subject to reconsideration if it is found that the choice does not meet with general approval. Full notice will be given, both on the notice boards in the Colonnade, smoking-room and dissecting-room, and in the GAZETTE, of each meeting.

The secretaries invite members who wish to read papers before the Society to communicate with them at the earliest opportunity. So far very few papers have been promised, and the secretaries will be glad to consider any subject of suitable interest for papers which are brought to their notice.

Passim.

WHAT is there to write about in Vacation time? Were it worth while to try, the essayist might find substance for a sermon in the ordinary routine of hospital life, matter for a song on the bed letters in the wards. But no one, in these strenuous days, has leisure for contributing, in these pages at least, to the class of literature that is perversely called "belles-lettres," and the race of hospital songsters has died out. We would give much for good verse, and as much for indifferent prose that has some kernel in it, a touch of solidity beyond the mere matter of sentences. Now that it is Vacation time may we ask readers to remember that there is such a thing as the GAZETTE, and that holidays may hold something more in them than bare pleasure for the enjoyer of them. A contribution, a "story" as the Americans term it, of how you have spent your week or fortnight, or month, away from the front or the back, or the College—a contribution, typed, penned, or pencil scrawled (they are great at Ash's at deciphering illegibilities, and we in the office too poor in literary copy to sneer at trifles)—anything you have, if you please. For the Lord's sake send it, and soon, if you do not want to be treated eternally to a feast of Medical School office notices and "fill up" articles.

SERIOUSLY, we shall be glad of a good account—several good accounts—of holiday adventures. Surely some of us do something when we are away that is worth recording, and, when recorded, reading. Are there not hunters on the staff and fishermen? Do we not hear of others who have dared a climb, and yet others who have visited the States? Well, we can do with a story of the Alps, or an account of what Toronto and the new Colleges look like, and sketches or photographs will always strengthen in the Editor's breast (if that is the place where convictions are kept) the feeling that charity and good-natured kindliness are not totally extinct virtues.

IT is at times like the present that one becomes painfully conscious of the faults in one's

own cherished journal, and of the superiority of some of its contemporaries. In term time, when copy is not, indeed, over flush, but at least respectable enough to stand comparison, that consciousness is not so appalling. One can pick holes with a good grace and make finnicky distinctions. Now, in Vacation time, there is not heart enough left even for a supercilious sneer.

Seriously, again, we beg to congratulate the Publication Committee of St. Bartholomew's Hospital Journal on the excellent commemoration number which they have produced. With so up-to-date an Out-patient Department, it is only natural that they should have been inspired to produce a magnificent number, and their accomplishment is a credit to everyone that had a hand in its production. The description of the new buildings and the account of the opening proceedings are models of what such reports should be, and the wealth of illustration that accompanies them makes us regret that Guy's does not nourish so energetic an army of photographers. Not the least interesting feature of the number is the portrait of the members of the Publication Committee themselves.

A walk round the new Casualty Department of Bart.'s is an eye-opening proceeding for one who has been used only to the sordid and murky places wherein we labour in the front and back. There the clerk is housed in a lordly style, and the patients have individual and private dressing-rooms, tiled in artistically coloured porcelain with a dado of floral design. Their light department, their eye rooms, their dressing halls (they do not call it by so vulgar a term as "the strapping room"), and their kitchens are, as professional reports say, "fitted up in the latest and most improved style." Lifts in Out-Patients, seven dispensary windows, and fresh air—what more can a man want? May they hasten with the building of our new Out-Patient Department, and give us something similar at Guy's!

The responsible editor has gone on his vacation holiday, and left us with a budget of indignant letters from tobacco smokers and teetotallers, some of which we publish in this number. On the question of alcohol we do not wish to offer any remarks. The Physical Society intends devoting a whole evening to a discussion of the subject, and it is sincerely to be hoped that teetotallers and the defenders of alcohol will turn up in force and ventilate their opinions at that meeting. Meanwhile, we shall be glad to publish any comments, for or against, that readers care to make. But at the same time, though we do not wish to burke criticism nor stifle any frank expression of sentiment, we must be allowed to deprecate loose writing and unsupported statement. For instance, one of our correspondents starts off by alleging that alcohol circulates in the blood. We should like to have something more about that, and if our correspondent refers us to the delicate chromic acid tests of some French gentlemen whose names we do not remember, we would crave leave to say, with a distinguished American statesman, that "some folk look at Nature through a mighty powerful microscope." Nor can we believe that Dr. Davy, who is a Guy's man and not a fool, made the statement with which our correspondent credits him. Temperance questions should be temperately discussed, and the anti-alcohol man has too good a case, we think, to chance losing it by unnecessary vehemence and by talking or writing unscientific twaddle.

No doubt many teetotallers hold strong views on the subject of alcohol. To such it will be interesting to hear how far they have progressed in temperance legislation in America. By the new "Sale of Alcoholic Beverages Bill," which comes in force on January 1st, 1908, in the "blessed State of Georgia," the purchase and sale of any alcoholic beverage (and we presume this means ginger beer and home-made lemonade) is absolutely prohibited. Prescriptions into which enter any "alcoholic" constituents are subject to stringent and amazing regulations. They must be made up on the day they are written, and the name of the prescriber, patient, and purchaser, must be entered in a "poison book," which must be "open to public inspection." Moreover, no doctor is allowed to

prescribe, and make up his own prescriptions, if they contain alcohol, without conforming to equally Gilbertian regulations. The Gothenburg system has proved a failure; it will be interesting to see how the Georgian one works.

But they are not only in advance of the times in Georgia. At the recent meeting of the British Association at Exeter there was some tall talking in the meetings of the section on State Medicine anent tobacco and tobacco smoking. Dr. Hale White's instructive reflections on the value of accuracy of thought seem to have been wholly lost on the gentleman who announced that tuberculosis is far more common in smokers than in non-smokers, or on the staunch defender of Havana cigars, who favoured that variety of dissipation on the ground that tobacco smoke was an infallible protective against bacilli, cocci, and other germs. The nation consumes three million pounds' worth of poison annually—think of it! The boy becomes a criminal by buying cigarettes or stealing fag-ends—reflect on it! Had Calverley been alive and interested in the Exeter meeting what enjoyment would have been in store for his readers. As it is, we expect the good doctors will continue to see incipient phthisis in every cigar-smoker, or fumigate themselves and their families under the pious impression that they are efficiently destroying the germs of the white plague and helping to avert the physical deterioration of the nation.

We beg to offer hearty congratulations to Mr. K. Digby, who carries off the Beaney Prize in Pathology—a prize which has not been awarded, we believe, though not for lack of competitors, during the last four years. No one seems to know much about the founder of it, who, as far as we have been able to find out, was not a Guy's man, but a gentleman who made his pile in Australia, and then very generously endowed libraries and prizes. At Canterbury is a Beaney Museum, founded apparently by the same generous individual, and here, at Guy's, we have an additional memento of him in the shape of the Beaney Scholarship in Materia Medica.

The annual report of the Clubs' Union, which is printed on another page, is comforting reading to members. A balance of £170 odd is a most satisfactory item in a financial account which shows, as ours does, that no stepmotherly or niggardly parsimony has been practised, although rigid economy has been the rule in the various constituent institutions. At the same time the feeling of cheerfulness that the reading of so satisfactory a budget creates is tempered by the reflection that very soon the Clubs' Union will have to spend a large sum on imperative improvements and structural alterations on the Honor Oak Park property. In addition, something will have to be spent on the Club. Repairs and furniture are wanted, or will be wanted soon, and the Council has very wisely decided to open a Reserve Fund, and has set aside £50 of the balance in this year's account for that purpose—a decision of which members, we are sure, will thoroughly approve.

Meanwhile we would endorse the Chairman's appeal to old Guy's men. The advantages of life membership are obvious, and the usefulness of that excellent little publication, the Clubs' Union Blue Book, are too well known to those who have proved it in the past to need more than bare mention here.

The opening meeting of the Pupils' Physical Society will be held on Friday, October 4th, at 8.15, in the Anatomical Theatre, when Dr. G. A. Gibson will read a paper entitled, "Past and Present." Previous to this a Dinner will be held in the Students' Club, at 6.25—Mr. Cosmo Bonsor in the chair. Tickets (3s. 6d., excluding wine) may be had on application to the Hon. Secretaries, Messrs. W. M. Mollison and G. W. Nicholson.

Papers for the Newly Qualified.

IX.—The Mysteries of Alcohol.

There is most frequently a mysterious element in the case of regular drunkards, whether they be of the positive, comparative, or superlative degree. Few come frankly and say, "I have been drinking too hard." Some will flatly, with lies, deny such a suggestion, like the possessor of a hard chancre, who will sometimes assert the utter impossibility of such an idea as syphilis, and maintain that there has been no contact. In town life, especially, you need to take Dickens' advice in "Our Mutual Friend," and "keep your weather (alcohol) eye awake."

It falls to my lot to see, constantly, orders written out by young surgeons and physicians, who are at work in the open surgeries of our large London hospitals. Cases quite drunk to a comparative degree are certified as having such complaints as bronchitis, pleurisy, fractures and sprains, but no mention is made of the alcohol. Unless there is a noisy delirium tremens the alcohol does not seem to be sighted, and, if it is known, it would be a great help to those who eventually get the cases to have it stated.

A mysterious drunkard will consider himself seriously ill. He will be most particular about having his organs thoroughly examined; he will say that he can put up with the peculiar distressing symptoms of his malady no longer. He will suggest a consultation, and will listen to your opinion and advice, and take your medicine regularly, coming again and again to you, *until* you tell him what he knows quite well (but does not want you to interdict), viz., that the cause of all his troubles is alcohol.

If he determines now to have his own way, you will probably see little more of him, and he will go in search of a doctor whose alcohol eye is asleep. It would be well if positive degree drinkers knew how wideawake employers of labour are. The head of a firm, who told me that he was always prejudiced against a young man who had a smoky breath, regretted that he should be obliged to discharge a smart young traveller because he found his breath smelling of drink even in the morning.

There are some frequent drinkers who, when they give up the alcohol, still feel they must have the same amount of liquid, and will drink glass after glass of water. They are like the smokers, who, while struggling to leave off the smoking habit, feel they must have something in their mouth, and will fly to sweets and suck them as a substitute.

Now the clinical point is this, that your patient may come complaining that he suffers from insomnia, that he is awakened at night with sudden short alarming attacks of dyspnœa. While taking some of the deep inspirations of sleep, in the horizontal position, his diaphragm finds itself checked in its descent. These strange symptoms, along with other vague, wandering abdomino-thoracic pains, are coupled with the truthful fact that he has given up the drink. While you are puzzling your brain, knowing that his organs are healthy, he suddenly lets out the fact of his almost uncontrollable thirst, and his enormous, camel-like libations of simple, but space-occupying water.

Any one who leaves off alcohol, whether from your advice in a case of alcoholic dyspepsia, for example, or in a case of gonorrhœa, will probably come to you complaining of more or less troublesome constipation, as well as of a gradually increasing appetite. Some go back, and can do so with safety, and find that a pint of ale or stout will just keep their bowels right. Any more than two glasses a day of ale or stout, or its equal of claret or light wine, is sure to be harmful, while spirits and liqueurs, from the very small amount that can be drunk with prudence, are most wisely left alone.

Women drunkards, except in the lowest class of all, are more secret drinkers than men. They betray themselves, very often, in sudden outbursts of noisy hysteria, with violence. Sad cases of peripheral neuritis, and sadder still of fatal ascending myelitis, have come across my path in women drinkers.

AFTER THIRTY YEARS.

Major Fullerton, of the Indian Medical Service, has died at Lucknow, from blood-poisoning. The disease was contracted while performing an operation, in the course of which he pricked his finger.

"Joey."

Four Lectures on the Significance of Variations in the Constituents of the Urine.

Delivered in the Physiological Theatre, Guy's Hospital, by F. G. Hopkins, M.A., M.B., D.Sc., F.R.S., 13th June, 1907.

Lecture I.

Gentlemen,—I need hardly say that in four lectures one cannot cover the ground of the chemistry of that extraordinarily complex fluid, the urine. Some of the constituents must receive scant treatment, and others cannot be dealt with at all. My aim will be rather to take certain cases which may illustrate a few general questions of immediate importance, and to avoid, so far as possible, matters which are over-familiar.

With some constituents I may be able to deal more fully, and these will be chosen from such as have lately had most research done upon them, or from such as seem of special interest at the moment.

Such a plan may lead me to talk more of our ignorance than of our knowledge, but, as medical students, you are accustomed to this, and the procedure is not unwholesome.

Having regard to the bulky literature of the urine, it seems absurd to say that we are very remote from a full understanding of the significance of even the better-known constituents, but the statement is undoubtedly true.

By a useful analogy, due to Dr. A. E. Garrod, we may think of the observer who wants to learn something about the processes of intermediate metabolism of the body, as being in the same position as one who, wanting to know what is really happening inside a chemical factory, has access only to the raw materials which go in, and the effluent which comes out. As a matter of fact, it is extremely difficult to see inside the factory in this particular case. We can, by using ingenuity, get occasional peeps through the window, but still it is very difficult to see inside the factory when it is in working order. If we get inside we are apt to stop the works. We may know a good deal about what goes into the body, and we can study carefully what comes out. But it is clear that the information obtainable in that way is limited. For instance, it does not follow at all that an estimation of any substance excreted really represents the actual amount produced in the body. Substances may be both formed in the body as the result of specific changes, and they may also be destroyed; so that what is excreted will be the balance between those two processes. And you cannot be sure that in your effluent you have got collected together the individual end-products of each specific process which has been going on; you cannot say you have the end-product of any particular organ's special activity; the end-product of one organ may be further dealt with by another. Moreover, as regards the whole of that important side of metabolism which concerns the fate of carbohydrates and fats, the constituents of normal urine tell us almost nothing. So, you see, there are a great number of complications and deficiencies which prevent the study of excreta from throwing more than a superficial light upon the intermediate processes of metabolism. One thing, too, must always be borne in mind. If you are to get information of any significance at all in the study of the urine, it is only by the simultaneous study and control of the diet. Quantitative work on the urine where the diet is not controlled qualitatively as well as quantitatively is, in nine cases out of ten, of comparatively small value. It is remarkable that if one takes the whole of the enormous literature of the chemistry of the urine, there are few studies—certainly very few until recently—that really have been carried out upon the lines I have indicated, namely, by studying of the urinary factors side by side with the study of the dietetic factors. Of late, activity in that direction has become great, and we have, amongst others, a series of analyses of the urine carried out on various individuals on a perfectly specific diet, the same in all cases, by Folin. To get, first of all, our normal base-line for measuring the significance of the urinary variations, we want to administer a certain diet to many individuals, and so study the limits of personal variations; we also, clearly, want various diets given to one individual. As yet, in connection with this perfectly fundamental aspect of the subject, the data available, although such a lot of work has been done, are not very abundant, and that has always stood in the way of drawing deep-seated conclusions from what we know about the urine.

Considering the variations of individual constituents, we first think of the quantity of urinary water. There is not very much to be said about that; the facts concerning it are, of course, pretty obvious, because, primarily, the amount of water excreted depends on the amount drunk—an enormously variable factor.

The amount of water produced in metabolism is so small compared with the amount which it is normal for a man to consume in the way of drink, that it hardly comes into account. Most of us drink daily two to four litres of fluid in all forms. There are records of German students drinking eleven litres, and the kidney is apparently able to deal for a time even with that sort of quantity without striking departures from normal behaviour. If we consider the amount of water produced by the oxidation of the hydrogen of fats and proteids, it becomes practically a negligible one. In a Voit's standard diet of 3,000 calories, about 360 c.c. of water are produced by the oxidation of hydrogen in the diet, which is a small proportion of three or four litres. But there are some aspects of this question of excretion of water which I think it is well worth while to draw attention to. Obviously the second factor upon which the amount of water excreted depends is the relative simultaneous activity of the skin and lungs. The loss of water by the skin and lungs may be so large as to be quite comparable with, and may even go far beyond, the amount of the renal excretion. In the experiments of Atwater and Benedict (taking an average of forty-nine experiments on four people, at rest, and under average conditions of temperature and moisture) 935 c.c. were lost by the skin and lungs. As a result of activity the amount was enormously increased. Moderate work gave one and a half to two and a half litres, heavy work up to three litres, and excessive work, such as was done by one of Atwater's subjects (turning a weighted bicycle wheel for sixteen hours in the day), seven litres were passed by the skin and lungs. External temperature has, of course, a large influence. Rubner found that if the amount excreted by lungs and skin at 15° is represented by 1, then at 25° it would be represented by 2. Again, the relative humidity of the air must make an enormous difference in this connection. Rubner found that if there was a given excretion by skin and lungs, when the air was from 81 to 89 per cent. saturated, then, when the air was dry, and dropped to 5 to 8 per cent. saturated, the loss by the skin and lungs was quadrupled. The point I want to make, however, in this connection is, that there are many data to be got from the literature to show how variable is the amount of water excreted by the kidneys, even under precisely equal conditions of diet, activity, and atmospheric factors. It will be found in Folin's paper that one man, upon a given diet, excreted 2,555 c.c. of water; another, on exactly the same diet and under similar conditions, excreted 3,770, and a third, under conditions but little different, excreted 5,500. And these differences do not depend, necessarily, on any question of loss of body weight. In these persons the fluctuations in weight were precisely the same. The primary factor which accounts for these differences is a very varying relative activity of kidney and skin. I do not know whether you realise how markedly individuals differ in regard to sweating. Of two individuals taking, say, a hard bicycle ride side by side, one will lose by the skin a great quantity of water, and corresponding with that, will have a low surface temperature, as measured by the flat bulb thermometer. The other may lose comparatively little water by the skin, and have a very warm surface. One will regulate his temperature by evaporation, and the other by conduction, convection, and so forth. Of course, such differences as that will tell at once on the amount of urinary water excreted.

Now, there is no more interesting aspect of physiology, and especially of metabolism in general, than the occurrence of these marked individual differences. Such differences are as much a stamp of the individual as the colour of the hair, of the eyes, or anything else.

An important aspect of our present subject is the question of the retention of water in the tissues. A man whom Folin was observing increased 1,600 grammes in weight during a given period. But in that same period he was losing nitrogen from the body, and he was losing it fast enough to give evidence that he had lost at least a kilo of flesh during this period. Yet, in spite of that, he gained these 1,600 grammes. They were not due to fat When you gain weight, the first thing you think of is the laying on of fat. But in order to gain 1,600 grammes, this man would have to lay on fat of energy value equal to 15,500 calories, and his diet could not possibly supply it. No doubt such gains as these are due to retention of water. I have gone through the literature in this connection at various times, and there is much evidence to show that we tend, for some reason, to retain water when we are not at nitrogenous equilibrium, as when we are on insufficient or unsatisfactory diet. When, perhaps, there is some abnormal breakdown, particularly in the muscles, there arises this retention of water. I remember an experiment of, I think, Voit, in which a dog had been kept on bread for a long time, doubtless to its own dissatisfaction, and probably with some harm to its health. It was, however, in equilibrium as

regards water as well as being in equilibrium in other respects. Then it was given meat in amount dynamically equivalent to the bread, and on the very day the change of diet was made, 900 c.c. of water was lost from the body. I do not know whether it is your fate, but it is frequently mine, to come across people who, though not very scientific, are yet particularly interested in their own metabolism. It is, of course, rather rare for a man to be much interested in his own body, otherwise there would be more physiologists. But there is a certain type of person who is unduly so. People tell me it is their habit to weigh themselves every morning, and some of them are scientific enough to weigh themselves always in the same costume, or absence of costume. I have been told over and over again by such that they have noticed a sudden increase in weight—perhaps of half a kilo—in a day. A medical man said to me the other day that he had observed this thing himself, and he was sure he had this increase of weight when he was "seedy." There is no doubt that those very sudden changes in body weight are due to retention of water, and this is a point of no small importance, which has not been properly studied. The tissues may, under one set of conditions, though not departing from what one calls the normal, be apparently more hydrated than under another set of conditions, and surely such a variation as that must mean a good deal. It seems to me to be of fundamental importance to get to know why, under one set of conditions, tissues absorb water, and why, under other conditions, they give it up. We have very few experimental data to go upon in regard to this. Only by estimating simultaneously the loss by skin and lungs, the quantity of urine, and the water ingested, can you get accurate information about retention of water, and such experiments, if made continuously, would be no light undertaking.

I believe this about renal activity. There are some kidneys so constituted as physiological mechanisms that they require more water to pass through them while they are getting rid of a given quantity of solid excreta than do some other kidneys. In the extreme conditions of diabetes insipidus it is at least possible that the sole reason of the large quantity of water passed is a demand on the part of an abnormal kidney. Some upset of balance between glomerular and tubular activity, some inability to tolerate high osmotic pressures, or some other abnormality, makes the kidney in this condition demand an abnormal amount of water in which to excrete no more than the normal amount of solids. But I believe that, within narrower limits, the kidneys of those whom we call normal individuals vary in this respect. If only we had time and patience to make observations which would enable us to classify "normal" people into groups determined by such characteristics, we should probably be able to prognose not a little about their future health. So with a hundred other individual peculiarities of metabolism, seldom observed, and less often recorded. Attempts, indeed, are made, on the Continent, and especially in France, to make such metabolic classifications, and a patient may exhibit to a new doctor, on consulting him for the first time, a diagram or a curve representing his urinary "type," comparable with a certificate of good (or bad) physiological conduct. But usually these are worthless, not being based upon observations of a continuous sort, nor arrived at with proper reference to diet. Proper study would make great demands upon observer and observed, but I should like you to consider the importance of a knowledge of metabolic idiosyncrasies in "normal" folk as perhaps the most important theme of these lectures.

In saying a few words about *Total Nitrogen*, one must first emphasise the fact that determinations of total nitrogen excreted are quite worthless unless at the same time the nitrogen of the diet is determined. Only then can you get the chief information to be derived from studies of total nitrogen—that is, as to whether an individual is, under given conditions, in nitrogenous equilibrium or not.

When you have simply made out that a man is or is not losing nitrogen, you have not, of course, got very far. The phenomenon is susceptible of a great deal of analysis. You can only be in nitrogenous equilibrium when you are taking a certain minimum quantity of genuine protein. We now know, indeed, that we need not eat our protein intact; we can get perfect equilibrium with regard to nitrogen if we are taking the broken-down products from a typical protein. Some, at least, of the constituent amino acids are absolutely necessary to metabolism; whether each and every one is essential we do not yet know. There is the old story of the incapability of gelatine (from which certain of the amino acids of protein are absent) to maintain nitrogenous equilibrium. What is the reason of this? First, you will say, because gelatine cannot form flesh; the whole of the constituents of the protein molecule are wanted for flesh formation. But all the indications of

the moment are to make us believe that the essential nitrogenous part of the tissues is a comparatively stable thing. We are not everlastingly breaking down a large quantity of our tissue and building it up again with great rapidity. We must, of course, have enough protein to cover such need for repair as occurs, and one of the factors making for nitrogenous equilibrium is the due covering of this.

But why does an animal go on freely eliminating nitrogen after the intake ceases? Why, in starvation, does an animal lose nitrogen so freely, when there may be an abundant available store, certainly of fat, and even of carbohydrate, for its supply of energy? We know that fat and carbohydrate can replace protein isodynamically so far as a yield of energy is concerned. Living matter is, of course, unstable, but the very fact that even great activity supervening upon rest does not (even in starvation) appreciably increase the excretion of nitrogen, indicates that disturbance of equilibrium does not necessarily lead to a breakdown in the structural protein basis of the tissues. I am sure we are justified in looking to something else besides wear and tear, or special demands related to energy, for an explanation of the continued excretion of nitrogen in the starving animal. There is a side of metabolism distinct from the direct oxidation and breakdown of material serving as fuel. Every active organ is engaged in the elaboration of special materials—ferments, kinases, hormones, and the like—which are not got as such from the diet. These manufactures call for raw material which must be more specific than mere fuel, and the products elaborated are absolutely essential to the due ordering of bodily functions. Some, at least, of the amino acids of protein, with their specific molecular constitution, are probably the needful raw material, and if a supply of them from the bowel fails, it must be got by a breakdown of the tissue protein. Before an animal can be in equilibrium its need of nitrogenous material must be met in a qualitative as well as in a quantitative sense.

Now as to the excretion of *Urea*, the most important of the nitrogenous constituents of the urine. Facts have come to light recently which give importance, not so much to the absolute as to the relative amount in which it is excreted.

When Kjeldahl's method of estimating nitrogen first became available, Pflüger started making investigations on the "distribution" of the urinary nitrogen, and showed that normally from 86 to 89 per cent. of the whole is excreted in the form of urea. It is, perhaps, only of late, however, that we have come to think of the urea–N : total–N ratio, as a urinary variant of special significance.

Folin's work upon metabolism has led him to put into very definite language a view which has been vaguely in the air for a long time—a special view as to the way the body deals with protein. You will remember that what Folin concluded from his observations was this, putting the matter extremely briefly: In following the rate of excretion of urea from the body after a certain amount of protein has been ingested, the rapid increase which you observe is not an indication of the rate at which the protein taken is being completely broken down; not a measure of the rate at which it is being utilised as a whole; but a measure of the rate at which a part of the nitrogen is got rid of by a kind of short cut in metabolism. This is in order that the protein may be assimilated in other, and probably non-nitrogenous, forms. The view is that from the medley of amino acids liberated in the bowel, NH_2 groups are removed as ammonia, which, passing direct to the liver, is at once excreted as urea, the nitrogen of such urea never having been in any strict sense assimilated. The non-nitrogenous residues from the protein are now available for storage as carbohydrate and fat.

I do not propose, in this lecture at any rate, to go into the experimental basis of Folin's theory; you are probably familiar with it. If we accept the theory, it is clear that we must believe that much of the urea excreted is of what it is now the fashion to call "exogenous" origin. It arises directly from the diet, and not, like the "endogenous" excretions, from material which has been an integral part of the tissues. It is well to note here that many, if not most, of the nitrogenous urinary constituents may have, individually, both an exogenous and an endogenous origin, for the simple reason that we do not eat pure proteins, but, unless we are vegetarians, depend largely on the tissue of other animals. In these are already present either those very excretives which our own tissues produce, or precursors of them, such as our own tissues contain. Such substances are not assimilated, but form unaltered, or slightly altered, exogenous constituents of the urine. If we go on to a diet such as a milk diet in which most of the nitrogen is in pure protein, we shall then excrete urea which is partly of exogenous, and partly of endogenous, origin, but such accessory substances as we get rid of—creatinine, uric acid, and the like, will be coming almost

wholly from the tissues, and we can get a better measure of the degree of their endogenous production.

A point of great importance in Folin's view is the constancy to be observed in the formation of these accessory substances when none of their precursors are present in the diet. They become, then, in some sense a true measure of tissue activities. Into this aspect of the question I shall go more fully in a later lecture; for the moment it is sufficient to indicate that the above considerations show how, upon a pure protein (milk) diet, the urea must bear a smaller and smaller ratio to the other and more constant excretions, as the total amount of protein is reduced. Thus, Folin found in one case that with a total excretion of 16·8 grams N, the urea N was 14·7 grams, or 87·5 per cent.; when the total was reduced to 3·6 grams, the urea N was 2·2, only 61·7 per cent. of the whole. Quite lately B. Schöndorff has demonstrated the converse of this phenomenon, and by giving a dog large quantities of flesh, raised the urea output till its nitrogen was 95 per cent., and, in one experiment, even 98 per cent. of the total. I must leave this point to return to it again in a later lecture. Let me just add that even in th e ratio just discussed, we have a urinary variant more or less at the mercy of idiosyncrasy. I have found individuals in apparent health who give a low urea ratio, even when taking abundant protein, and others who seem inclined to keep it high under all circumstances. To get full evidence as to the significance of such a variant we should need to record a great number of individual variations and apply biometrical methods to their classification.

By studying individual variations of that type, I have no doubt we should find that some of them represent the beginning of pathological changes, and from them we could get extremely early information of changes in organs which, ordinarily, we only recognise when they have gone much further. And from the aspect of preventive medicine, the study of early departures of metabolism from the normal (as contrasted with actual normal variations—idiosyncrasies—of individuals), would yield a most important body of knowledge. There must be something of importance underlying such marked distinctions,

Leaving now the question of urea, I want to say a word or two about the excretion of ammonia. Since, as you know, ammonia is the most important precursor, if not the sole precursor, of urea, it is well to consider them together. The amount of ammonia excreted in the urine will vary from ·6 to ·8 or 1 gramme a day. That is under average conditions; 3 per cent. to 5 per cent. of the total nitrogen is in the form of ammonia. I need hardly tell you, because the facts are so extremely familiar, that the factor which controls the amount of nitrogen excreted as ammonia is acid production in metabolism. We cannot metabolise ordinary protein without producing a certain amount of sulphuric acid by the oxidation of sulphur. We cannot metabolise nucleo-proteids without producing phosphoric acid. If the fixed bases, sodium, potassium, magnesium, and lime in the food stuffs are of a certain value, they will have a neutralising power equal to the acid production of metabolism. But if there is a lack of proportion between the two, more acid products on the one hand, or less bases in the diet on the other, there is an increased excretion of ammonia, ammonia which would have been otherwise developed into urea, but which is left over to be excreted and to neutralise the acids produced. The story is an old one. As far back as 1877, Walther, by giving quantities of hydrochloric acid by the mouth, in dogs, showed that the amount of ammonia excreted, as such, increased more or less proportionately with the amount of acid given. And the converse holds: if you give bases by the mouth, you can largely diminish the relative amount of ammonia excreted. But notice that you may give as much base as you like, either to man or to any flesh-eating animal, you never remove entirely the ammonia from the urine. That is easily understood. I mention the case because it illustrates an aspect of things which you have always to be thinking of in connection with urinary excretives. If a thing is taken by the mouth it must go through the liver. If it is produced in the tissues, clearly a certain proportion must escape the liver, because it gets directly to the kidney. And since the tissues are always producing ammonia, a certain proportion of that produced in the tissue cannot be converted into urea by hepatic influences. Of the ammonia produced by the breakdown of proteins in the intestine, if the liver is working cleanly, the whole can be converted into urea. But of the ammonia produced by a similar breakdown in the tissues, only a certain proportion will be converted into urea. That is an illustration of a simple but important aspect of excretion.

More blood going to the kidney in proportion to the blood which goes through the liver, will upset this ratio of urea to nitrogen, because more ammonia escapes. Then you may, under certain conditions, have what has been called a

relative acidosis—that is, there may be an increase of ammonia excretion, because something has diminished the available bases, even upon a given dietary. For instance, you often find a relative acidosis in cases of intestinal trouble and disease of various sorts. Anything which interferes with the due absorption of lime and magnesia, or causes loss of bases by the bowel, will lead to increase of ammonia. Folin found that the amount of ammonia is one of the things which does not vary with the diet; but it is a mere coincidence in his work, because abundant observations in the literature (and it is a matter of common sense to expect it) shows that, as a matter of fact, the ammonia will vary, other things being equal, with the amount of protein taken. For instance, with 100 grammes of protein, containing 16 grammes of nitrogen, there are produced $2\frac{1}{2}$ grammes of SO_3. Now, $1\frac{1}{2}$ to 2 grammes of ammonia are excreted as a result of the production of that sulphuric acid, and if you double the proteid which is broken down altogether, you get 5 grammes of SO_3, and only upon a dietary which has an abundant excess of bases, such as a vegetable diet, or a mixed diet in which vegetables are plentiful, is that amount to be met without increased ammonia production. Many observers have shown that the amount of ammonia goes up and down with the proteid, which you would expect from conditions such as these. Under extreme conditions the ratio which NH_3 bears to total N may be very large. In diabetes, everything is making for this large ratio. The nitrogenous breakdown is very large, and so, therefore, the direct acid production. But, also, the diabetic is usually kept off any large quantity of carbohydrate, which means that he depends more upon fat. Now upon an exclusive fat and protein dietary, or in any body where fat and protein are being exclusively used, you not only get a large amount of acid from the protein, but the diacetic acid and the oxybutyric acid, which are familiar excretives in the case of diabetes, are immediately increased. The moment the body makes too great a demand, or a hurried demand, on the fat stores, there is an increase of these acid substances—oxybutyric acid and diacetic acid—and more ammonia is produced for neutralization, that is, there is a greater arrest of the function which converts ammonia into urea. So the NH_3 : total nitrogen ratio has been observed to reach 40 per cent.; and in normal individuals, under conditions of starvation or complete abstinence from carbohydrates, there is also a large increase in the ratio. Nebelthau quotes a case, that of a hysterical girl who abstained from food, in which ammonia nitrogen became 66 per cent. of the whole. There is an interest in so high a figure as that. It probably gives you a measure of the minimal quantity of total nitrogen from a diet, or from the tissues, which is split off as NH_2 groups, and not in some other form. At least 66 per cent. had been in this case split off from proteid as NH_2 groups because it was eliminated as ammonia. And, in connection with the amount of ammonia excreted, you will once more come across normal individuals who, for some reason, upon a given diet, produce a very small amount of ammonia, while others excrete a larger proportion upon the same. These individual variations are, as you see, fated to be to the front in what I have to say. I wish we knew more about their significance.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

Alcohol.

DEAR SIR,—Will you kindly afford me the courtesy of your columns for an expression of opinion which is contrary to your own?

Alcohol has always been classed among poisons; acute alcoholic poisoning is an everyday occurrence; its action is either direct or indirect.

You say in your "Passim" paragraph of August 10th that the statement "Alcohol is a direct poison," is a "glaring inaccuracy," a "startling popular error," which "in the interests of the public should be contradicted."

I would ask you kindly to give good proof, in addition to personal conviction, for such a statement, or, in justice, withdraw it.

You apply the same strictures to the statement "Alcohol is of no value as a food." Granted that some alcohol may be oxidized in the body, what proof can you adduce to show that it can in any real way compare in value as a food with the typical food-milk?

In order to avoid side issues of any sort, *e.g.*, the value of the other constituents of alcoholic preparations, and to gain a definite proof of your position on these two points only, I avoid lengthening my letter, and state at once that I have no intention of attempting a controversy in your esteemed columns, but should highly appreciate facts, on whichever side of the case they may be.—Yours, etc.,

Cheadle, Cheshire. T. L. JACKSON.

More Alcohol.

Dear Sir,—I very much regret that you should have gone out of your way, in the last issue of the Gazette, to touch upon the subject of alcohol in a manner which, I feel sure, will not have the approval of many of your readers.

You stigmatise as "glaring inaccuracies" and "startling popular errors" certain statements which are founded on indisputable fact. It has been conclusively proved that alcohol circulates in the blood, is not absorbed as a food, and acts as a direct poison to the tissues. Experiments performed in test-tubes, although they may be styled physiological (and, to a moderate extent, I am prepared to admit that such experiments may be very instructive), can never be conclusive evidence of the usefulness of alcohol to the human organism.

Temperance men rejoice as much as you, sir, appear to do, that the President of the British Medical Association has expressed himself so strongly on the subject. If my memory serves me, he stated that "alcohol was of little use in medicine," and that it was by no means a vital necessity for any man, even to the extent of the moderate amount which he would allow for the labourer at his ideal lunch.—I am, etc.,

TEETOTALLER.

The Properties of Alcohol.

Dear Sir,—In your last issue of August 10th, you speak of the two phrases, "Alcohol is a direct poison" and "Alcohol is of no food value," as glaring inaccuracies. May I express in writing a few of my thoughts? A *food* may, I think, fairly be described as a *substance of which one may partake liberally with impunity*, of which milk is a good example.

To treat alcohol as a food, methinks, would be to sit down to the usual two breakfast cups or the ordinary two tumblers of alcohol at one meal, and, of course, alcohol is alcohol, is absolute alcohol, or at least brandy or whisky. To treat alcohol as a food is, therefore, clearly to acknowledge it as a direct poison.

A pint of beer or wine may have some food in it because it is not all alcohol. It is only because the beer or wine contains comparatively little of the poison that either can possibly be of any value as a food. The fact that alcohol is built up of carbon, hydrogen, and oxygen does not make it a food any more than the same elements constituting other drugs make them foods.

Because alcohol is really a poison it can only be used in safety in the small doses in which other poisons are prescribed.

In health, peptic digestion does not need any help, and therefore does not require alcohol any more than it needs pepsin or hydrochloric acid. Help is needed by sick folk, and then alcohol may perhaps be useful as a drug, but not as a food, and certainly not in the unmeasured quantities of a liquid food, but in the small doses which become the administration of all poisons.

My description of a food may be challenged, but, while I do not exclude other definitive adjectives or sentences, I think the above is an honest working proposition.—Yours faithfully,

A. WITHERS GREEN.

August 21st, 1907.

[We refer to this subject in "Passim."—Ed.]

The New Advance at the International Congress of School Hygiene.

Sir,—As a slightly incorrect statement was published, it would be as well to explain in some detail the important new move in the matter of School Hygiene which was taken at the closing meeting of the recent International Congress.

The permanent International Committee, consisting of about sixty members selected from almost every country, has hitherto only met during Congresses. Arising out of the question of whether it would not be a proper thing to establish a Bureau, with a permanent staff, library and museum, and so on, in some central but neutral spot, such as a Swiss or Dutch town, it was decided, as explained by Drs. Mathieu, Burgerstein and Kerr, that it would probably lead to greater progress if such Bureau was not localised, but if each country had its own centre for the diffusion of knowledge, and to act as a clearing-house in the matter of School Hygiene statistics, laws and regulations. Finally, to supervise in scientific matters and generally to do all that is possible, at all times or places, to forward the human interests which are bound up in the special lines of knowledge included in School Hygiene, the International Committee has formed a small Council.

This Council has all the powers of an ordinary Committee. It can form sub-committees of experts on special inquiries. The usual Committee procedure is to sit round a table and discuss matters, but this Council will deal with the various subjects that arise, submitting the different topics by correspondence, collating the answers, and finally making pronouncements in urgent matters after a meeting of the Council.

It is obvious that for efficiency such Council should be small and yet have in it elements to secure permanence, and at the same time possibilities of slow but constant change. This has been done by deciding that it shall consist of the president of the past Congress, the president of the Congress which has just been held, and the president of the next Congress. Nine other members are to be elected, of whom three are to be from the country where the Congress was last held, and three from the country where it will be held next, three being selected from other lands.

Certain matters, for instance, will almost at once come under the consideration of this Council. Such might be quoted as:—

"The question of how medical inspection of schools can best be carried out with the maximum of efficiency and minimum of cost."

"The question of how far the laws of health can best be imparted to the coming generation, so that later they will know how to care for themselves and those dependent on them."

"The best systems or methods of physical training for both sexes at various ages."

"The feeding of children requiring proper nutrition, so that it shall be done without developing pauperism and with regard to those upon whom the cost falls."

These four matters are being dealt with practically in a great variety of ways, and this Council should be able to collect and analyse known facts to show which methods are best for any town or state.

It is obvious that information thus digested will have a very great value politically as well as educationally, and this Council may in time come to be officially regarded as quite analogous in matters of School Hygiene to that other Congress of Peace now in session at the Hague.—Yours faithfully,

LAUDER BRUNTON, President
JAMES KERR,
E. WHITE WALLIS,
Hon. General Secretaries.

Offices: The Reception Room,
University of London.

From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS.

To an Anti-Tobacconist.

And so you declare, with your tongue in your cheek,
My love for my Bewlay is breaking my brains:
And call who "surpasses two ounces a week"
A fool for his pleasures, an ass for his pains:

You tell me in tones that are sad, lachrymose,
That Havana cigars most assuredly damn,
And that he who indulges in Negrohead goes,
"On a Peterson pass, to an early p.m."

You croak of disasters that follow so fast—
Palpitation and tremors, the nerves all awry,
With a permanent blindness to come at the last
On the slave of the pipe, like a bolt from the sky.

Pray, prate me no moral pathologists point.
No "clinical facts" can appal me, my friend:
My pulse may be rotten, my heart out of joint—
Ah well, let them be: I shall smoke till the end.

For I own I would give, if the choice lay with me,
The half of my life, though not three score above,
In the bit that remains at the last to be free
To smoke, and remember I did it for love.

Of the poison you rank as "the Devil's own make"
(What an insult to thee, oh my fragrant Dubec),
Though I see, in a dream, that I lose for its sake
The haven of health and get stranded, a wreck.

And I know, when my measure is half of it run,
There is yet satisfaction for sinners like me
To watch the blue wreaths rise acurl in the sun
That slants in a shimmer on foreshore and sea.

Papers by Guy's Men.

International Congress on School Hygiene.—Medical Supervision in Schools: the Gloucestershire Experiment. By Myler Coplans, M.D. Lond., D.P.H. Camb.

Appointments.

Military.

Royal Army Medical Corps.—The following Lieutenants are promoted to be Captains: R. GRENVILLE ANDERSON, S. C. BOWLE, T. C. LUCAS.

Guy's Hospital Clubs' Union.

ANNUAL REPORT, 1906-7.

The Council of the Clubs' Union beg to present the Fifteenth Annual Report of the progress of the Union, together with a statement of the Receipts and Expenditure for the year ending 31st March, 1907.

The membership continues to increase; 46 members have joined the Union this year, as against 20 last year. The total membership of the Union is now 2,574, of whom 2,215 are Life Members, 320 Annual Subscribers, 33 Patrons, and 7 Honorary Members.

We again venture to remind old Guy's men, who have not paid their guinea subscription for Life Membership, of the advantages of having their names, qualifications, and addresses in the Clubs' Union Blue Book, which is a useful directory, and is much used by members who wish their patients, when away from home, to be looked after by Guy's men.

The financial condition of the Union continues to improve, and instead of a deficit of over £40 on last year's working, it will be noticed that for the financial year 1906-1907 Income exceeded Expenditure by about £170. Such a result, however, has only been obtained by the exercise of the most rigid economy on the part of the officers of the Constituent Institutions, and the grants to all these must be increased to a greater or less degree if the various clubs are to be maintained in a condition of efficiency. In particular, the Students' Club very urgently needs additional furniture, and extensive repairs to that already existing. There is, however, a far more important subject which claims the urgent attention of the Council, namely, that in a very short time the depreciation of buildings, plant, fences, and other accessories at the ground of the Union will necessitate a very heavy outlay. In times gone by no effort has been made to provide for depreciation. It is absolutely necessary that steps should be taken at once to provide for the future. With this object in view, the Council have unanimously decided to provide a Reserve Fund, which shall only be called upon for the above-mentioned purpose, and £50 has been ear-marked for this particular object.

The accounts have again been audited by a firm of chartered accountants.

The best thanks of the Council are due to the Officers of the Constituent Institutions, to the Auditors of the accounts of the several Clubs, and to Messrs. Croucher and King Rist, for their assistance.

(Signed) G. NEWTON PITT,
Chairman.

June, 1907.

Revenue Account for the Year ending March 31st, 1907.

Dr.	£ s. d.	£ s. d.
To Grants to Constituent Institutions—		
Rifle Club	9 13 6	
Rugby Football Club	20 13 1	
Association Football Club ...	14 14 0	
Athletic Club	25 0 0	
Cricket Club	22 13 0	
Lawn Tennis Club	14 0 0	
Hockey Club	3 0 0	
Physical Society	13 10 0	
Guy's Hospital Gazette ...	94 0 0	
Students' Club...	120 10 8	
Swimming Club	4 5 0	
Dental Society...	10 11 7	
Debating Society	7 10 0	
		360 0 10
To Students' Club Rent		148 1 0
„ Production of Year Book		86 1 4
„ Production of Reports		137 15 0
„ Field Current Expenses		286 6 0
„ Rates and Taxes		95 11 11
„ Field Rent Account		218 10 0
„ Secretarial Expenses		45 12 6
„ Printing and Stationery		5 18 1
„ Solicitor's Charges		1 13 4
„ Sundry Disbursements...		11 1 9
„ Auditors' Fees		5 5 0
„ Balance, being excess of Income over Expenditure		171 14 4
		£1,573 11 1

Cr.	£ s. d.	£ s. d.
By Subscriptions	1,020 12 0	
„ Subscriptions from Patrons...	54 12 0	
„ Composition Fees for Life Membership	7 7 0	
„ Subscriptions for Short Periods	3 2 6	
„ Gazette Committee, being agreed proportion of Subscriptions for Gazette and Reports	58 17 2	
		1,144 10 8
By Sundry Receipts—		
Grant from Medical School		200 0 0
Grant from Dental School		20 0 0
Rent from Tenants		90 0 0
Rent from Lockers		12 15 0
Year Book Advertisements		46 5 6
"Gate" Receipts ...	£65 0 4	
Less paid to Gazette Committee on account of Loan	6 7 1	
		58 13 3
Sale of Season Ticket		0 5 0
Proceeds of St. Hilda's Entertainment		1 1 8
		£1,573 11 1

Audited, found correct and signed by
Messrs. CHATTERIS, NICHOLS & Co.,
Chartered Accountants, *Auditors.*

Smoking.

A Reply to "After Thirty Years."

BILLY had dropped in for an after-dinner smoke. I still had some letters to get ready for the post, so I passed him a few papers to skim, while I finished. Suddenly he banged a paper down on the Chesterfield with a grunt of disgust. I looked up at him inquiringly.

"What will you doctors attack next, I wonder?" he said. "Here's a tirade against smoking!"

I held out my hand for the paper, and he indicated the place with his pipe-stem. To my surprise it was the GUY'S HOSPITAL GAZETTE. Memories of the pleasant hours spent in the smoky atmosphere of the dressers' room came back to me. Could heresy, such as this, really emanate from Guy's? Billy puffed steadily at his pipe, until I laid the paper down, and then listened for my comment.

"Billy, we must be sorry for him; he doesn't know what he is rejecting. He has thrown away the precious stone without testing its worth."

"Like some men and marriage," returned Billy, slyly. But I forgave him, for—well, his wife, who is also my sister, is a very charming person.

"I wish," I exclaimed, "I could tell him what tobacco means to us—we who work hard and play hard—but my pen is feeble and halting, and the task has been the pleasure of great men, of great writers."

"Why not try?" urged Billy, encouragingly.

The lights of Reykjavik, that strange, sad town, were sinking low as the ship churned ploddingly through the water. I leaned over the rail and puffed contentedly at my briar. A communicative American came and stood near me, and commented on the purity of the air.

"Yes," I replied. "Where can you find so good a mixture as sea air combined with a suitable proportion of tobacco smoke?"

The American smiled approvingly, and replied, half to himself—

"And yet the less you smoke the more you enjoy it."

Had it not been for the soft Louisiana drawl in his voice I might have been forgiven if I had taken him for an Irishman; but, despite the queer way he had expressed himself, I think he had got hold of the right idea, the way to use tobacco rationally. Moderation is the thing, as with all the other luxuries of life. For it must be regarded as a luxury, and as such it makes a delightful companion to the hours of relaxation that follow the toil and labour of the day. We must avoid the senseless habit of picking up pipe or cigarette at every spare moment. The debauchees who indulge in this careless, wasteful smoking are the men who would eat *pâté de fois gras* with a spoon and drink Benédictine from a tumbler.

Yet that ordinary smoking makes for inefficiency, I very much doubt. For some months I was assistant to one of the most successful practitioners in London, and a heavier smoker and harder worker I never knew. He commenced the day with cigarettes in bed, and finished with a pipe in the same place. He would smoke in his carriage, and would even indulge when seeing his "club" patients. Yet, despite it all, a more healthy, industrious, efficient man could not be found.

In my circle, I sometimes meet men whose work is of importance to the world, whose brains buttress the very foundations of society—doctors, business men, engineers, and the like. Do they deny themselves the joys of tobacco? If so, I never noticed their self-denial. I meet, too, the men who lend gaiety to life; artists, who charm the eye with brush and pencil; writers, with subtle pen, who please the wit and give our intellect pleasure as we read their thoughts; musicians, whose voices, whose crafty manipulation of instruments, stir our souls to the depth. Do these men refuse the aid of tobacco to help them in their tasks? Offer it to them, in suitable form, and see.

Some exciting incidents in our lives seem to recall to us how comforting is the use of tobacco when we are fatigued and miserable. One summer evening in Skye, the Black Cuchullin Hills played us a scurvy trick. We had spent

the day rock-climbing on Bhasteir, and as the sun still seemed good for several hours, we determined not to hurry back, but to descend by the ridge of Sgurr-nan-Gillean. But we reckoned without the Skye weather. We had not gone many yards before the mist came down on us, and so thick was it that we could not even see each other. We roped up, and tried to find our way with the compass, but the magnetic rock made the instrument unreliable. This way and that we tried until, utterly weary, we gave up and crouched under a rock, a poor shelter from the thin drizzling rain. The hours crept by until we knew that, outside the mist, the daylight had gone, and we should have to wait where we were until the rising sun released us. We made ourselves as comfortable as we could; we hunted up the fragments of our frugal lunch, and made as good a meal as possible. I was wet and miserable, until—I remembered! Down deep in the bottom of my rücksac lay a good briar pipe, a box of matches, and an ounce of good mixture. I loaded and lit up, and then —well, what mattered the rain and cold? Drenched and shivering as I was, tobacco had come to my rescue; like a magic wand it had touched my state of misery and left me in a palace of contentment.

A question, you climber. What is the whetstone that sharpens your enjoyment of the glorious mountains? Is it not that, after the cold and fatigue, the trials and hardships, the lights of the inn, twinkling in the valley yonder, spell to you shelter, food, and—tobacco?

But if smoking helps us to enjoy the stern things of life, it also heightens our enjoyment of the softer pleasures. Let me recall one of those priceless nights when we seemed at peace with everything and everybody, when the whole world seemed made for our own particular pleasure. A night which, although marked by no great event, rises often in our thoughts, and whispers gently, "Ah! you were happy then."

The time has flown since that evening in Billy's garden, yet I remember it so well. After months of drudgery, we were playing hard. We had spent the morning swimming in the bay, tennis had claimed us in the afternoon, and, as our muscles still called for more work, we finished by walking several miles over the hills. After the pleasures of a cold bath, with sharpened appetite, we dined. Under the trees in the garden we lit our cigars and sipped our coffee, made fragrant and soft with the essences monkish hands had brewed. The lengthening shadows, like a silent hour-glass, told us the glorious autumn day was slowly dying. No sound could be heard but the sighing of the soft wind through the trees, the gentle rustle of the leaves as they fluttered idly to the ground, and, afar off, the murmur of the tireless sea. Billy and I, with our limbs pleasantly fatigued with the toils of the day, lay back in our chairs smoking luxuriously. Between us, in her long deck-chair, smiling and knitting, lay sweet English womanhood—my sister and his wife. She smiled, I say, and I know why she smiled. Her eye had strayed from the yellow leaves on the lawn to the tiny sleeve that lay upon her needles; she looked for a moment at the two contented idlers, and then her glance wandered to the house, where the light from an upper window strayed into the garden and strove for mastery with the fading sunlight. By the time we three would meet again, she thought—by the time the trees had leafed again and thieved their colour from a summer sun—the baby arm, now so slim and tiny, would be grown too big to enter the dainty sleeve she was now lovingly, laboriously making. But still she went on, smiling, knitting. . . . Suddenly the click of the needles ceases, the work is laid down on her lap. The proud little head, ringed with dark plaits—ah! that was a pretty fashion—is lifted from the cushion. Hush! She listens as her arboreal ancestors did when the cry of danger rang through the primeval forest. Her mother's ear catches a sound that we men are deaf to. "It's baby!" she exclaims, and then runs towards the house. We load our pipes. Billy, usually so modest, so silent, so reserved, is compelled by the influence of the night to express his thoughts. I listen to tales of the wild fierce tribes he governs, of strange happenings in the mighty forest, of the men who risk life and limb to uphold the prestige of the island race. Then, for a time, we are silent again. I lean back and look up at the sky. The night has fallen, and the stars glitter bravely on the dusky bosom of the sky. Arcturus looks down at me and guides my thoughts; my mind leaves the earth, and I wonder—dangerous, fruitless wonderings. The world has gone, its petty strivings, its paltry ambitions, its ——

"Your pipe is out, old chap," says the voice of Billy, sounding very strange and distant. I leave the infinite and, with tobacco's aid, clutch the joys of earth again.

"Billy," I exclaim, striking him on the knee, 'it's good to be alive!"

"Amen to that," answers Billy, solemnly, as his eye flashes to the lighted window.

E. H. G.

At the Ospedale.

IN the air the smell of the oleanders and sweet-scented bryony. In the background, jutting up against the horizon, outliers of the ranges, piebald, like a ptarmigan turning into its summer coat. In the middle distance undulations of green and brown, flecked with cobalt where the long shadows of the cypresses fall across the plots of garden. In the foreground dark water, a group of loungers around the street benches, a man with a crutch, a woman with the palsy, and half a score of children with nothing in particular.

Under the portico strides the porter, uniformed and dull—a fat, podgy little man with tarnished gold braid down his trousers and a hat that once was cocked and is now squashed. Some of the "by-no-possible-manner-of-christian-means-to-be-put-down" *ragazzi* played foot-ball with it when he was showing someone round, and the *direttori* only allow him one hat a year. It is a great mistake, this one-hat policy. Ospedale officials should be decently costumed, else—and the porter expectorates significantly—whither goes respect? To the lagoons—to the bulrushes—farther, to the Lido marshes whence the hot wind comes. Shortsighted, very, this refusal to grant proper headgear to a worthy retainer that has tramped the Ospedale courtyard years before il signor principale, the head physician, was distinguished enough to wear gold-rimmed spectacles. A mistake—a much to be deplored blunder in hospital policy. The proverb says no inn is renowned where the guests sneer at the landlord, and from an inn to the Ospedale is but a small transition to so expert a logician as the portieri.

But surely the signor would come in. A little place, this Ospedale of ours, a not-worthy-to-be-compared-with-others sort of establishment, but even a gurnard would have a good thing to say for its own particular bit of Adriatic. Doubtless the signor has seen many better Ospedali, now? He was sure of it. Vincenzo, who valeted a signor who had travelled widely—widely, signor, with a sweep of the hand to signify illimitability of space beyond the rim of creation—he, now, had seen other places larger. One, he told, where twenty people died a day, perhaps an exaggeration, for Vincenzo has found barnacles on mountains before now, and picked up opals 'mongst mud-flaked confetti. Would the signor mind—the paint was wet. There, now, a streak of blue on his nobleness's sleeve—a little turpentine—wait, he would hurry. By Bacchus, the signor's tailor could not tell now that there had been a smudge there, though they do these things, tailors, with some vile fluid that stinks like a to-be-consigned-to-perdition motor car. Give him turpentine—but, there, the signor would like to see the pavilions. What a pity the head physician. or the below-the-head-physician, or the little ward physicians, were not here to show the signor round. Still, in the sala anatomica the signor would find some of the learned gentlemen. Meanwhile—

Ah, yes, that was worthy remark. Foreign signori generally praised that block of marble. Now he, he always thought it reminded him of the breast of a woman from the lagoon which they had amputated one day. Blue veins all over it, knotted cords like macaroni dried badly in the wind. Would the signor credit—for a week after, his *spaghetti* was a nausea to him. Association of ideas—ah, but the signor was right there, though he was no mind examiner like the Signor Lombroso. Did he know the Signor Lombroso? But aye, who did not? Even in America, they had told him, the Signor Lombroso was known and regarded, yes, regarded. Body of Bacchus, they were not all fools in old Italy yet. But, pardon, his tongue would outstrip the signor's courtesy. This is the library. He would show a book—bah!—the case is locked: that is, the signor would please note, not because anyone doubted the porter's honesty, no, but the patients —! He made no accusations against Christian men who confessed, very probably as regularly as he did, but the signor could have no idea what utter scoundrels they had to admit into the Ospedale.

Cross the courtyard, colonnaded and stately, with a vista of the sea, smaragd and malachite in the waning afternoon sun, beyond. A flock of in-patients rise respectfully, like the pigeons on the piazza, as the uniformed porter and the inquisitive foreign visitor approach. The youngsters scream out sentences in Italian argot which make authority's eyebrows rise in indignation! ---

Shoo!—nay, come here, little sin: salute his highness, so. Military discipline for the *bambinelini*, that was what he said. Did the signor mark the little crab? One-legged, eh? Aye, there was a story;—playing on the canal-side and the prow of the barca ripped the buttock flesh, rent it, mother of God, to ribbons, grazing the bone beneath and cracking it. They brought the *bambino* in, bitterly crying—Jesus, how he shrieked! All the signori saw him, and they counselled amputation. The canal-side is dirty, and the signor knows the fear—fester, fester, that was it! Eight months ago, and if they had told him then the very same bit of frogs'-spawn would to-day stand jeering at the nobility of a foreign signor, not to speak of so insignificant a strip of tallow as himself, the servant of the Ospedale—why, he would not have believed it. The signor should have seen the operation—not but that he guessed the signor had seen better ones, and done as great belike himself, but it was a miracle of dexterity. Three minutes by the clock, and without the fumes too—the *bambino* could not stand it, they said. There, get away, dirtiness, the illustrious has no time to waste on the likes of you.

Here are the pavilions, but, with respect, the gentlemen would take the signor through them and explain things far better than he, an unlettered, could do. But the chapel—here.

The cocked hat goes under the arm, folded across the breast, and the hand rapidly touches forehead, clavicles and breast-bone in due order. Garrulity, gets a check for

a second. On a slab of Cytherean marble, before the altar and lighted candles, the body of an old barca man. The crimson of the handkerchief capping the closely-cropped hair stands out in marked contrast to the whiteness of face and forehead, marble white, save for a blotch of purple on the left temple.

Aye, that was the spot where he fell; anyone could see that the signor had an eye for small things. A quarrel among the barca men. They are a rough set, spiky as thistles. Not but that the gentleman thought that this dead man had a heart. That was the trouble—a heart. Sudden death from a trifle, if one had a heart, now that was no rarity, as the signor doubtless knew, and had for himself observed before now. No one rightly knew his name—there would be a sitting on him on the morrow. If the signor was interested, why, it was permissible to believe that the gentlemen, if he intimated to them his interest, would accompany him thereto. For himself—bah, he was not interested in it. Such things happen—well, not infrequently, though he would not have strangers believe that people were more villains here than anywhere else.

But, might he be permitted to ask his nobleness to come a step farther. Even at that moment someone might be doing hell's work in his box, and he not on the spot to give the rogues their deserts. Much better for the signor to see the wonders of the Ospedale in the charge of one of the gentlemen. 'Twas but a step to the Sala. Mind the lintel—ah, sometimes strangers stumbled thereover. What a dictionary the fat old German signor ran through when that happened to him! With the signor's permission, he did not like Germans any more than Austrians—craving pardon if illustrious was by chance of either nationality, which anyone who was not a fool, born with the cataract, could see at once was not a possibility. But here, the gentlemen are at work, and the signor would see an interesting case. He would present the signor ——.

* * * * * * *

So the signor had been through the pavilions and seen the Ospedale from coal cellar to attic. Jesus, what an interest in little things! The shortest way? But yes, might he presume to direct the signor. Along the first turning, then to the left, then to the right, across the little bridge which is flanked by the plaque of the sainted Imogene, and after that *d'ritto, semper d'ritto*. An easy way to follow, and everlastingly a view of the blue sea to cheer the mind. . . . Nay, but he had expected no reward, but if the signor pleased, there, he would remember to drink the signor's health. But the signor must hurry. The sun is gone—*il cielo é tutto nuvole*—there's a drop already. Here, you little scabious camel, show illustrious the way.

Some Notes on Pelvic Contractions.

By Mr. Hicks.

The modern treatment of contracted pelvis in relation to child-bearing practically resolves itself into three forms of treatment, viz.:—1. Induction of premature labour. 2. Cæsarian section, and 3. Hebotomy or symphysiotomy. Craniotomy and high forceps must be employed in certain cases of primiparæ; they ought to be avoided in multiparæ because the details of the first labour will have taught us how to act in subsequent pregnancies. The same may be said of internal version, which, although sometimes useful, is an operation attended with enormous fœtal mortality, and if not done with great care may end in rupture of the uterus. If version is to be done at all, it should be done early and not as a last resource, when other means, such as traction by forceps, has failed.

We will just touch on a few practical points which must be considered. What treatment to adopt in a case with contracted pelvis some time before labour is expected? How far does pelvimetry help to decide which is the best form of treatment? There are many methods of measuring the pelvis, but the best of all calipers is an experienced finger. The external measurements should be taken with calipers, but beyond suggesting that there is some contraction, and perhaps the variety of the distortion, these measurements are of little practical value.

The diagonal conjugate should be measured with the finger, and if the promontory of the sacrum is low, a half-inch deduction gives fairly accurately the true conjugate diameter, and if the promontory is high a three-quarter inch deduction gives a less accurate estimate. The transverse diameter is less easy to estimate, but for practical purposes it may be said that if the examining finger can reach the ileo-pectineal lines the pelvis is transversely contracted. Internal calipers, such as that of Skutsch, may be used with fair accuracy; but they are not necessities, and the introduction of the whole hand as recommended in Herman's "Difficult Labour," is a dangerous and unnecessary manipulation. It comes to this: If a pelvis is greatly contracted it is easily measured, especially if the promontory is low down. If the pelvis is only moderately contracted it is practically impossible to estimate the diameter accurately.

In other words, if there is marked contraction, it is easy enough to decide, by measuring, what form of treatment should be adopted, but if the contraction is slight, it is impossible to do so.

Another important point is the shape of the pelvic brim. There may seem to be plenty of room at times, but its shape may be so distorted, as in oblique pelvis, that the head cannot settle in it. In the book, tables are given which appear to make things easy by simple dogmatic rules. Thus, Herman gives the following table:—

Obstetric conjugate, $2\frac{3}{4}$ inches at 28th week.
" " 3 " 30th week.
" " $3\frac{1}{4}$ " 32nd week, etc.

Of course, he points out that if the transverse diameter is not so shortened that you can perceive the shortening, and if the fœtus is not abnormally big for its age, you can rely on this table. This rule, therefore, only applies to flat pelvis, where there is plenty of room transversely. Directly one has to deal with general contraction, with or without flattening, with oblique pelvis due to hip-joint disease with a scoliotic, or kyphotic pelvis, and, in fact, any pelvis where the brim is otherwise distorted, apart from mere flattening, no rule can be of any avail.

In some form of coxalgic pelvis there may seem, on clinical examination, to be plenty of room, but the distortion at the brim will prevent the fœtal head settling into it, and thus cause difficult or obstructed labour. We have no means of telling accurately the amount of distortion at the brim, and, what is more important, we cannot anticipate the ability of a distorted brim to accommodate the fœtal head when labour begins. One has only to refer to the obstetric histories of cases of oblique coxalgic pelvis to see how disastrous such labour may be to the children, and sometimes to the mothers.

Is it, therefore, necessary to measure the pelvis of primiparous women during pregnancy? A careful man will always examine his patient somewhere about the seventh month of pregnancy. The presentation, the development of the patient, deformities, such as rickets, will be noted. The external measurements of the false pelvis may be measured, etc. If there is obvious deformity of the pelvis, viz., general contraction, flattening or old hip disease, it is possible one might come to some definite conclusion and recommend induction of premature labour, or even Cæsarian section, and insist on a careful internal measurement of the pelvis; but suppose the contraction or deformity be slight, which is far more common than great contraction, what are you going to do? I think that there is little doubt that the milder cases should be allowed to go to term. The size of the fœtus is just as important as the size of the pelvis, and we have no means of measuring the fœtus with any degree of accuracy. The girth of the patient may be measured, which will give little or no reliable information. The apparent size of the head on bimanual examination, and the height of the head in relation with the brim, will give the best indication as to its real size. If, then, you measure a primip and you come to the conclusion she has moderate general contraction, you will not, in the first place, be able to say definitely that your measurements are correct, and, in the second place, you cannot say what size the fœtus will be. It may be small, and will be born easily, or it may be big, and the pelvis normal, with difficult labour as a result. Measure the pelvis by all means, but if the contraction or distortion is not well marked, you cannot rely on the measurements, and you cannot estimate moderate distortion. If you let her go to term you will get an almost complete clue to her pelvic capacity, and you can judge more or less from the size of the first child what the size of the second will be. You can note what uterine force is required for delivering, the amount of moulding of the fœtal head, and, if forceps or other instrumental delivery have been necessary, the details, the operation, amount of traction, and the height and position of the fœtal head when the instruments were applied, will give a very good idea of what is to be expected in the next pregnancy.

It cannot be emphasized too much how important the past obstetric history is. It is only a matter of common-sense that the passage of a fœtal head through a pelvis will give a far more accurate knowledge of the condition than all the calipers and other means of measuring the pelvis.

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Birth.

KEY.—At Valetta, Clarendon Road, Southsea, on August 12th, the wife of Dr. Aston Key, of a daughter.

ED.—M. E. B.

GUY'S HOSPITAL GAZETTE.

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Passim.

AN account of the "Poisonous Nuts" case, though rather belated, will probably be of interest to readers of the GAZETTE. During the afternoon of August the 3rd, the Saturday before Bank Holiday, five children suffering from acute vomiting were brought one after the other into the Front Surgery, one case being admitted into Clinical very collapsed. In all cases the history was given that the illness followed almost immediately after eating some nuts bought from hawkers with barrows. As the specimens produced were obviously rancid and unfit for food, information was at once given to the police, with the result that two hawkers were arrested that evening. The City Sanitary Authority was approached by the police next morning and some two tons of nuts were confiscated and condemned. The wholesale vendor was also discovered. His tale was that he had bought these nuts from a ship's captain who had loaded his ship with them as a speculation. Though no one knew what these nuts were or where they came from, he sold them to hawkers apparently for human consumption. The barrows went forth placarded with "Kalov Nuts, fresh importation from America." The nuts have since been identified as "Aleurites Fordü," previously never imported into England, and coming from China, where they are known to be poisonous and used for the manufacture of oil. Owing probably to the prompt measures taken, only a few further cases of poisoning were reported, a few on the night of the 3rd and several since from Peckham, where some children stole a hawker's stock shut up in his yard, with the natural results.

ELSEWHERE in this issue we publish further letters and articles in connection with the subject of alcohol. We may say that it was not our intention a month ago to start a discussion on this subject, but merely to express our approval of Dr. Davy's remarks at Exeter, in July. A correspondent writes pointing out to us that Dr. Davy said, "The scientific facts that we do know are that alcohol is not a necessity of life, and is rarely useful in disease." We are quite aware of this, and yet we still, however meekly, approve of Dr. Davy's speech. As we have said before, the teetotallers have an

excellent cause and plenty of arguments in their favour; what has amused us from time to time is their "two and one away" methods of using these arguments. If they could all, as many doubtless do, lay their whole case before the public, giving scientific facts, and making no comments whatever, they would have their very strongest position, one which no amount of arguing could ever assail.

WHERE they do, doubtless, frequently err is in coming down from this strong position by making comments, as the Scotchmen came down to the plains of Dunbar. Then might their opponents, if they have any, say, as Cromwell did, "The Lord hath delivered them into my hand." An attempt to define food from a teetotaller's point of view has to be worked out as follows: One cannot take an unlimited quantity of alcohol—let us assume that alcohol is not a food—therefore a food is some substance of which the human body can take an unlimited amount. A wonderful syllogism. Another point the teetotallers are constantly pressing home is that alcohol kills protoplasm. Let us consider the prolonged action of distilled water on a mucous membrane; it is dangerous in the extreme. Osmosis will be osmosis, and if the logician who worked out the food syllogism turns his attention to water, he must inevitably give us normal saline to drink. Shade of Omar Khâyam!

WE would not, however, have it believed that we are in any sense opposed to those who advocate temperance. On the contrary, we think that any one who has studied medicine at a hospital for any length of time must be on their side. Do we not head the list of causes of hundreds of diseases with alcohol, and one other? We can imagine no sane medical man seriously advising a teetotal patient to take a little alcohol daily, or one who does take it already to increase the daily quantity. We sympathise deeply with those who promote any kind of temperance movement, not because they have many opponents, for we think they have few, but because the difficulties they have to surmount, in making those who need their help hear them, are so great. To make a weak-minded human being begin a habit, even of temperance, is fairly easy; to break him of a habit, especially one of drunkenness, is the hardest task on earth. Please note, as we have hinted above, that we do not say R.S.V.P. to our temperance readers, and that this is because the GAZETTE is not a suitable place for a discussion on a subject of such general interest and importance.

WE have received a letter, which will be found elsewhere, from an old Guy's man, who is complaining that in the Clubs' Union Blue-book, which contains a list of the members' names and addresses, the qualifications of many members are not affixed to their names, although it has been stated that they are. Our correspondent points out that not only does this place these ill-treated members on the same level as students, but gives an advertisement to those lucky enough to have their qualifications duly noted. We must say that, although the complaining member states facts, we cannot see where he and the others similarly disrespectfully treated lose anything. We have always found students separated from qualified men in this directory, by the fact of their addresses being given in all cases as Guy's Hospital.

FURTHER, our correspondent states that it is always "higher qualifications" that are put against people's names, if any at all. As far as we can see, at any rate, that is a mistake on the right side. We can hardly expect that whoever is responsible for the matter would carefully

pick out the L.S.A.'s for special note, and none others. We must remind our correspondent that the list is only one of members of a club, not likely to be read by the outside public, and we do not see how those "advertised" can possibly gain, or, as we have said, the others possibly lose. We agree, though, that either all or none of the qualifications should be inserted, except when the particular member objects.

THE next issue of the GAZETTE, being the last before the commencement of the October session, will be the annual Special Students' number. We hope that those who wish to contribute to the special number will regard this as the usual invitation to do so, and will send along to us very early.

WE have received, rather late, the notes on the medical commentary case for diagnosis (which we published on page 290 in the July 27th issue) from the examiner, who has been away. His report is as follows:—

The symptoms which have to be explained are the hæmaturia in August, the orchitis in December, the urethritis in February (which there was no reason to suppose was gonorrhœal in origin) followed by the pæmic condition.

The rigors were well marked, the condition of the blood showed the extreme percentage of 93·7% of polymorphic cells, with a leucocytosis of 22,500, indicative of an excessively virulent infection, with moderate reaction.

Suppuration in the region of the prostate, with a secondary suppurative thrombosis of the prostatic plexus, was the diagnosis that was made. The fact that the prostate was not enlarged is not incompatible with this diagnosis.

The patient died shortly afterwards, having previously become jaundiced from probably a septic pylephlebitis. No post-mortem, however, could be obtained.

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Novelties.

Fry's Malted Cocoa.

This is a highly concentrated cocoa extract combined with pure extract of malt. The cocoa is, of course, the well-known "Fry's Pure Cocoa," which stands well in the front rank of first-class English cocoas. Fry's Pure Cocoa should be the cocoa *par excellence* of medical men, for it is not only one of the finest and most economical cocoas on the market, but it has a romantic history with which the name of a medical man is intimately associated. To Dr. Fry, a Quaker doctor of Bristol, and a man noted for his broad-minded charity, belongs the credit of having first started the manufacture of the pure cocoa. He bought Walter Churchman's patent, improved the process of extracting the greater part of the fat from the cocoa, and turned out what was undoubtedly the finest cocoa of the time, Now, "Fry's" has many competitors: we believe, honestly, that it has no superior amongst English cocoas.

The Malted Cocoa, which we have tried on various occasions, is an article thoroughly to be recommended. Perhaps the slightly accentuated taste of the malt (which is Allen & Hanbury's well-known extract) veils the pronounced cocoa flavour which is so marked a feature in the ordinary cocoa extract manufactured by this famous firm. In other respects it is fully equal, and for invalids and convalescents, owing to its slight diastatic properties, superior to ordinary cocoas. Made with boiling water it forms a nourishing, refreshing, and easily prepared drink; with boiling milk it makes a delicious chocolate. Either as a "night cap" or a "morning draught," we know of few things that can surpass a cup of Fry's.

From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS.

Some Points bearing upon the Treatment of Adenomatous or Senile Enlargement of the Prostate.*

BY R. P. ROWLANDS, M.S.

THE human prostate is formed by the fusion of bilateral accessory sexual glands, which remain separate in lower animals. The normal organ weighs four and a half drachms upon an average, but it is subject to considerable variation, and prostates weighing as little as two or as much as six drachms may be normal. As a rule obstruction does not arise until the gland is much larger than this, but occasionally quite small enlargements, especially of the hard or fibroid type, may make a patient entirely dependent upon a catheter, the fibroid contraction, with or without local outgrowths into the urethra, serving to interfere very seriously with the size and shape of the passage.

The effect of any given enlargement also depends very largely upon the rigidity or laxity of the fascial sheath of the prostate, and upon the presence of any local outgrowths into the urethra or bladder.

Prostates weighing no more than three-quarters of an ounce have caused complete and permanent obstruction, while in others the obstruction has not become serious until the soft gland has reached enormous dimensions, and has attained the weight of six ounces or more.

It is important to remember that the prostate is (1) enclosed within a *true fibro-muscular capsule*, and (2) surrounded by an *external fibrous sheath* derived from the pelvic fascia. (*Vide* Fig. 1.)

(1) In the normal condition the *capsule* is intimately attached to the gland, so that it is practically impossible to enucleate the latter from within this covering. In the enlarged prostate, however, things are very different, for a laminated and thicker pathological capsule now surrounds the adenomatous gland. This is derived from the fibro-muscular tissue and other parts of the prostate, which have not taken a share in the adenomatous change and have become displaced outwards by the growth, as pointed out by Mr. Cuthbert Wallace (Trans. Path. Soc., 1905, vol. lvi., Part 1).

*This paper forms part of a contribution to the "Operations of Surgery" (Jacobson & Rowlands), the 5th edition of which is about to appear.

The enlarged prostate is enucleated from within this pathological capsule, or the separation takes place between some of the laminæ, so that thin layers of fibres are often seen encircling the prostate, when the latter is removed in one piece. Very little bleeding need occur when the pathological capsule has formed, and when the operator keeps within the proper layer.

(2) The *fibrous sheath* is derived from the pelvic fascia. The external layers of this are very dense, but towards its inner surface it is less firm, and harbours the prostatic plexus of veins. Mr. Freyer maintains that the enucleation is performed between the sheath and the capsule.

As pointed out years ago by Sir Henry Thompson, there is no such thing as an anatomical or physiological middle lobe; it is a pathological product, and is nearly, if not always, a process derived from one or other or both of the lateral lobes. The vesical projection is usually most evident just behind the vesical orifice of the urethra, and in the middle line, because of the directing influence of the muscular bands which extend down to the urethra from the ureteral ends, as pointed out by Mr. Thompson Walker (Royal Med.-Chir. Trans., 1904, p. 404).

The fact that the so-called median lobe is merely a prolongation from the lateral lobes is of the highest significance, for it is clear that removal of the vesical projection is not likely to grant permanent relief, for the prostate, which has produced an offshoot, is liable to go on growing, and to obstruct the urethra by lateral compression sooner or later. Below, the fascial sheath is attached around the urethra to the triangular ligament, which offers a strong and impassable barrier to the enlarging gland, which therefore projects upwards towards the base of the bladder, where the sheath is incomplete. Submucous processes therefore project upwards, by the side of the vesical orifice, and between this and the circular fibres which surround it and form one of the sphincters of the bladder. The sphincter constricts the base of the vesical projection, so that the greatly enlarged prostate often assumes the shape of an hour-glass. It is probable that the fibrous ring formed by the attachment of the lateral and anterior true ligaments of the bladder to the neck of the latter also exercises an influence in the same direction upon the shape of the enlarged prostate. From near the vesical neck the true ligaments become reflected downwards to form the dense fibrous sheath of the prostate, and

upwards in a thinner layer which becomes lost upon the bladder, to the lower part of which it forms a fibrous covering. When the enlarged prostate is enucleated, the separation should always take place within the fibrous sheath, and also within at least a part of the pathological capsule. In this way the prostatic plexus of veins is not opened, and the risks of severe hæmorrhage and phlebitis are minimised. The pelvic cellular tissues are not opened, so that cellulitis of the delicate and loose tissues which surround the bladder and the other pelvic viscera should not occur if the operation is properly conducted well within the fibrous sheath. This tissue is, however, opened in exposing the bladder in the supra-pubic operation, and in the perinæal operation it is also traversed between the bladder and rectum. Fortunately, no harm arises in the great majority of cases, because of the free drainage which is provided in both operations; opportunity for extravasatiou into the loose tissues is, therefore, rarely afforded.

In some cases, however, the true or the ill-developed pathological capsule may be so adherent that real enucleation is an impossibility.

An inexperienced surgeon performing the supra-pubic operation may fail to find the proper layer for separation, and then he will either effect an incomplete removal of the prostate, or, on the other hand, he may tear or cut through the fibrous sheath and invade the delicate and loose pelvic cellular tissues. The one mistake is liable to be followed by a stricture or recurrence of the enlargement, while the other may result in severe hæmorrhage from the prostatic plexus or in disastrous pelvic cellulitis. For these reasons the finger is infinitely better than any instrument for enucleating the prostate from above the pubes and within the bladder. It is of supreme importance to commence the enucleation between the proper layers, and in order to do this the mucous membrane of the bladder must be incised over the prominence of the vesical projection, where the prostate is only covered by mucous membrane. The incision should also be within the widened circle of the sphincter, which surrounds the base of the part which projects into the bladder. Generally the incision can be most advantageously made a little behind the funnel-shaped urethral orifice,

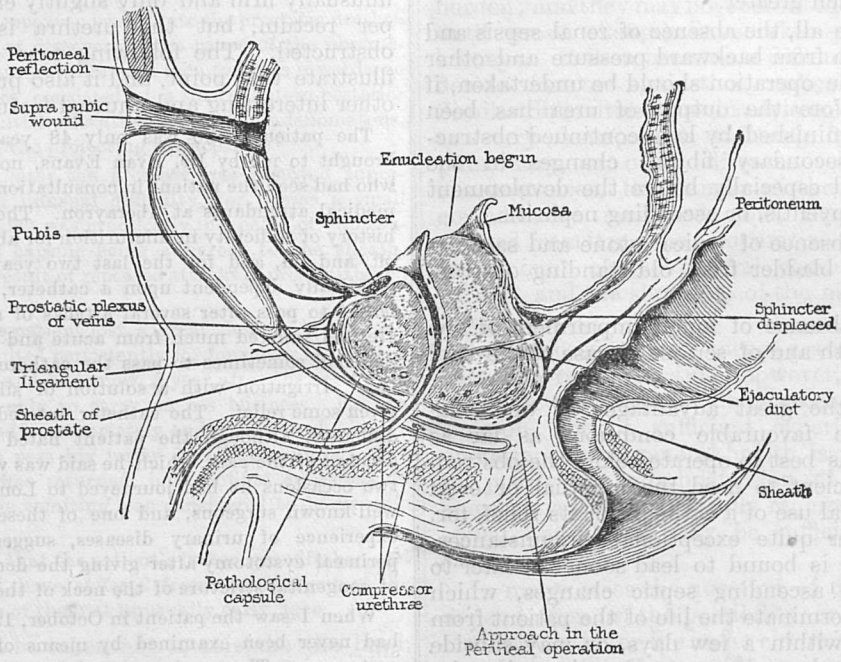

Fig. 1.

The anatomy of the prostate. Supra-pubic enucleation, and the path of approach in perinæal prostatectomy. The direction of most of the fibres of the pathological capsule is transversely circular. The relations of the capsule, sheath, and prostate are shown. The vesical mucosa, which covers and is separated from the prostate, falls down and forms a funnel which joins the remains of the lower part of the prostatic urethra, after the gland has been enucleated.

and upon the so-called median lobe. When this does not exist, the opening may be made over a lateral projection.

Indications for Operation.—The ideal conditions for operation are—

(1) A prostate moderately but not hugely enlarged—one that has loosened within its coverings by the separating action of the enlargement. A greatly enlarged gland is difficult to remove even supra-pubically, because of impaction in the pelvis, and the difficulties of the perinæal operation under these circumstances are very much greater.

(2) Above all, the absence of renal sepsis and degeneration from backward pressure and other causes. The operation should be undertaken, if possible, before the output of urea has been seriously diminished by long-continued obstruction and secondary fibroid changes in the kidneys, and especially before the development of cystitis, pyelitis, or ascending nephritis.

(3) The absence of vesical stone and sacculation of the bladder from old-standing obstruction.

(4) The absence of much impairment of the general health and of serious disease of the vital organs.

To get the great advantages of operating under these favourable conditions as far as possible, it is best to operate before the obstruction is sufficient to need the habitual or even the occasional use of a catheter for its relief, for, except under quite exceptional circumstances, catheter life is bound to lead sooner or later to cystitis and ascending septic changes, which may either terminate the life of the patient from septicæmia within a few days, or may subside for a time, only to be repeated again and again, until the chances of surviving an operation, and of a complete local relief and recovery of the general health, are very materially diminished. It is best of all to operate before the residual urine becomes more than about two or three ounces, even when a catheter has never been used before, unless the residue can be drawn off once daily under circumstances which are unusually favourable for preventing infection of the bladder.

Residual urine is very apt to become foul either from infection by a catheter or from the rectum. The degree of disability in micturition and the amount of residual urine are far more valuable than the apparent size of the prostate as ascertained by rectal and bimanual examination, for it is a matter of common knowledge that the size of the prostate does not bear any constant relation to the disability. A cystoscopic examination helps very considerably in suitable cases, for a vesical projection or a collar may be seen, and the condition of the bladder ascertained. In some cases a pouch or a calculus may be seen; in others carcinoma of the bladder is a surprise; but it must not be forgotten that neither rectal nor vesical examination, even through a supra-pubic wound, may discover any enlargement which may seem to be sufficient to produce an obstruction that certainly exists. In such a case the prostate is unusually firm and only slightly enlarged as felt per rectum, but the urethra is nevertheless obstructed. The following case may serve to illustrate this point, and it also presents several other interesting and unusual features :—

The patient, who was only 48 years of age, was brought to me by Dr. Evan Evans, now of Lampeter, who had seen the patient in consultation with his usual medical attendants at Aberayron. The patient gave a history of difficulty in micturition for about seven years off and on, and for the last two years he had been practically dependent upon a catheter, which he had learnt to pass after several attacks of acute retention. He had suffered much from acute and chronic cystitis, and had sometimes to pass the catheter every hour or two. Irrigation with a solution of silver nitrate had given some relief. The catheter entered without much difficulty, although the patient hated passing it on account of the pain, which he said was very severe. On two occasions he had journeyed to London to consult well-known surgeons, and one of these, with a great experience of urinary diseases, suggested a median perinæal cystotomy after giving the doctor a diagnosis of congenital stricture of the neck of the bladder.

When I saw the patient in October, 1905, the bladder had never been examined by means of the sound or cystoscope. The prostate was firmer than usual, even, and slightly enlarged. The urine was foul, the total urea was diminished almost to half the normal, and the general health was considerably affected, although there was no sign of cardiac or pulmonary disease beyond a little chronic bronchitis.

The bladder was washed out, and the cystoscope was easily introduced; the beak immediately struck a stone of large size: therefore it was decided not to waste time upon a further examination. Supra-pubic cystotomy was performed, and the stone was removed.

On sweeping the finger round the bladder two pouches were discovered, a small one to the right and posteriorly; the other, a much larger one, with a small orifice on the left wall of the bladder, extended towards the left iliac fossa, and contained a large stone, which was removed with great difficulty, for the small orifice contracted upon the finger and instruments. The stone, which was a phosphatic one, was crushed and ultimately removed. There was very little alteration of the

urethral orifice of the bladder. The prostate was not removed because the operation had already lasted quite long enough. The patient was exhausted from chronic cystitis and pyelitis, and the excretion of urea was diminished. It was felt that the large stone, placed at the bladder base, might have been at least partly responsible for the obstruction. Four months later the patient returned greatly improved in general health, and with his urine in a fairly healthy condition, and containing far more, but not the normal amount of, urea; but he had not been able to pass any water in the natural way. The prostate was still firm, even upon the surface, and a little larger than normal.

The urethroscope was passed into the prostatic urethra with the hope of discovering the cause of the obstruction, and the lateral walls were seen to bulge inwards, so that the urethra consisted of a mere antero-posterior slit. Small whitish elevations, probably adenomatous, were seen upon the projecting surfaces.

A few days later the prostate was removed supra-pubically, with unusual difficulty, for it was a small fibroid body which was practically incapable of enucleation, the true capsule being adherent to the sheath, probably as a result of repeated attacks of prostatitis and cystitis.

Although the patient lost a great deal of blood, and afterwards vomited persistently for four days, he made a good recovery, and he is now, a year after the operation, quite well and able to carry on his business. He can empty the bladder completely and easily, and he does not get up to pass his water during the night. The sexual power has returned, but seminal emissions do not occur. The vomiting was considered to be uræmic in origin.

It is curious that the patient's father, grandfather, and several uncles, have suffered from enlargement of the prostate, some of them at unusually early ages.

Care must be taken not to mistake the hard, fixed and nodular enlargement of the carcinomatous prostate for the adenomatous so-called senile hypertrophy.

When the catheter can be used under the most favourable circumstances, complications may be long delayed, but, sooner or later, acute retention will supervene in the large majority of cases, and this may be accompanied by intra-vesical hæmorrhage, and followed by cystitis either from infection arising from the careless use of instruments, or from the rectum. Vesical calculi may slowly develop, and the kidneys may become affected.

Complete retention, incapable of relief by any catheters, even when used by an experienced surgeon, may develop at any time. It is not wise to remove the prostate when an operation becomes necessary for complete retention. It is far better to be content with supra-pubic drainage until the acute symptoms have subsided, for the congestion of the prostatic plexus is extreme, and the urine too often foul under these circumstances. After a variable interval the prostate may be removed under more favourable circumstances, if the patient prefers this to either permanent drainage or the almost certain return of his acute retention at no distant date.

Unfortunately patients frequently do not seek treatment, or do not consent to any operation, until some complication or other has made life a burden; and they may not consent to an operation until grave changes have taken place in the kidneys. It then becomes a difficult question to decide for or against a radical operation. Similar difficulties arise in advising patients who are very decrepit, or suffering from cardiac, pulmonary, or other diseases. Under these circumstances, the danger of the operation is considerably increased, and the advantages derived from it may be comparatively short-lived, on account of the general conditions of the patient, and the shortness of the natural expectation of life.

In the absence of evidence of grave interference with the renal function, however, supra-pubic prostactetomy may be undertaken by a skilful surgeon, with a sufficient experience of this operation, if the general health is good enough to justify the administration of the general anæsthetic that is generally required. Local or spinal anæsthesia may be sufficient in some cases.

In many cases the question of operation will depend upon (*a*) the possibility, or otherwise, of leading a catheter-life under circumstances which are favourable for avoiding septic infection; (*b*) the degree of discomfort and disability involved by catheter-life in the given case; (*c*) the risk of the operation for the patient under consideration; is it likely to be so great, on account of renal changes, general disease, or extreme age, as to make the operation inadvisable?

The choice of Operation.—The choice lies chiefly between supra-pubic and perinæal total enucleation. Partial supra-pubic prostatectomy and all other partial removals are unsatisfactory either immediately or remotely, or both.

Combined perinæal and supra-pubic operations are rarely necessary, although they may afford a better control of and access to the gland in fat subjects, and in some other difficult cases. The mortality is, however, considerably higher than when either the supra-pubic or the perinæal route is adopted alone Castration has been

almost generally abandoned on account of its comparatively high mortality, the uncertainty, incompleteness, and impermanence of the relief granted by this operation. Moreover, the repugnance which old men feel towards the operation, and the well-known mental disturbances that frequently follow it are real if less tangible objections which have to be considered.

THE RELATIVE MERITS OF THE SUPRA-PUBIC AND PERINÆAL OPERATIONS.

(1) *Duration of the Operation.*—The supra-pubic operation can be more quickly performed than any other, except in the rare cases of small and adherent prostates.

(2) *Ease.*—The supra-pubic is easier than the perinæal operation in the great majority of cases, and this is especially true for very large prostates, but it is not true for small glands, which do not enucleate, but have to be cut away, for it is a distinct advantage for the surgeon to see what he is doing in these cases.

(3) *Completeness of the removal and certainty of complete relief.*—The supra-pubic route allows the removal of the gland *en masse* and surrounded by its true capsule. This is a distinct advantage, for the surgeon can be more certain of completely removing the prostate, whereas in the perinæal operation the enucleation is always more or less piecemeal. Vesical projections are apt to be overlooked, and hence the relief is less often complete after the perinæal than after the supra-pubic operation.

(4) *Exploration of the Bladder.*—No one denies that a supra-pubic cystotomy allows the most complete examination of the interior of the bladder, and the best guarantee that calculi or sacculi, or both, may not be overlooked.

(5) *Incontinence of Urine.*—This not uncommonly follows the perinæal operation from interference with the compressor urethræ or its nerves, or both. Dr. Ruggles (Ann. of Surg., 1905, vol. xli., p. 559) states that incontinence occurred in five out of thirty-nine cases at Rochester; in three of these this serious affliction was permanent, and in one other it lasted for two years. Dr. Watson states that incontinence follows 3·5 per cent. of the perinæal operations. On the other hand, this troublesome sequela rarely or never follows the supra-pubic operation, for the operator, working within the fibrous sheath of pelvic fascia, need never trespass on the region of the sphincters and their nerves.

(6) *Rectal Injury.*—The rectum has been occasionally injured during the perinæal operation, and a troublesome recto-urethral fistula has not uncommonly resulted. Dr. Watson states that it has occurred in 2·7 per cent. of the cases. There is practically no danger of this accident with the supra-pubic method, for the finger of the surgeon is kept well away from the rectum by the posterior wall of the strong fibrous sheath of the prostate. With dense and adherent prostates it is, however, possible to tear through this sheath and injure the rectum, but this must be a very rare accident, whereas Belfield states that perinæal or rectal fistula occurred in 8 per cent. of 2,000 perinæal prostatectomies (Ann. of Surg., January, 1907, p. 101).

(7) *Drainage.*—This is a little freer with the perinæal operation if the removal is complete, and certainly as regards the wound it is better; it is a disadvantage, however, to have to pass a tube on to the bladder base, where it induces more pain, than the supra-pubic tube properly inserted. Moreover, the patient cannot sit up so comfortably, and the sitting-up posture is of value in avoiding pulmonary complications.

(8) *The Duration of Anæsthesia.*—A shorter anæsthesia is required for the supra-pubic operation, and therefore the complications arising from the anæsthetic are less likely to follow it. Wiener (Ann. of Surg., vol. xli., p. 541) records eleven supra-pubic prostatectomies performed under nitrous oxide anæsthesia, and all the patients recovered.

The lithotomy position is not a good one for a prolonged anæsthetic, especially in elderly men with rigid chests. It is, however, possible to perform both the perinæal and the supra-pubic operation under spinal anæsthesia (Young, Journ. Amer. Med. Assoc., Feb., 4, 1905). As a rule, however, a general anæsthetic is to be preferred, and is to the advantage of both the patient and the surgeon.

(9) *Permanent Urinary Fistula* should be very rare after both the perinæal and the supra-pubic operation, and there is little difference in the time taken for the wounds to close if the enucleation has been complete, although the perinæal fistula closes a little earlier as a rule.

(10) *The loss of Sexual Power and Sterility.*—This is more common after the supra-pubic operation than after a perinæal one performed by Young's method. It should be remembered,

however, that the impotence is not uncommon before the operation, and that the loss of sexual power is immaterial in the majority of cases, although it may be a serious matter in the few comparatively young men. Further, the sexual power is preserved in some cases after the supra-pubic operations.

(11) Epididymitis is more common after the perinæal operation.

(12) *The comparative Mortality.*—It is difficult to arrive at any reliable conclusion upon this subject, for some surgeons select their cases, others—properly regardless of their statistics—do not refuse an operation if there seems to be any chance of affording relief to the patient. Mr. Freyer records twenty-two deaths in 312 supra-pubic operations, a mortality of about 7 per cent Young lost four of his 74 cases of perinæl prostatectomy, a mortality of 5·4 per cent. It can be safely stated that in *skilled hands* the mortality of either of these operations should not be more than 10 per cent., and is likely to be somewhere between 5 and 10 per cent., but the average results of all surgeons operating upon hospital and private patients are certainly not so favourable as this at the present time.

(13) Pelvic cellulitis is a little more common after the supra-pubic operation, because of the better drainage of the cellular tissues provided by the dependent perinæal incision.

(14) The supra-pubic operation is not suitable for the comparatively rare cases of contracted bladder with thin non-distensible walls. In conclusion, it may be stated that the supra-pubic operation is the most suitable for critical cases, demanding a short operation with little shock and little anæsthetic; it is also to be recommended when the prostate is greatly enlarged and when there are intra-vesical projections. When large stones or sacculi are present, or a need for thorough examination of the interior of the bladder exists, the supra-pubic route is the best. The perinæal operation is more suitable for the removal of small hard enlargements, and for comparatively young men to whom the sexual power is known to be of importance. It is not easy to perform in fat and bulky patients.

The future will almost certainly show the results of the supra-pubic method to be at least a little better than those of the perinæal operation. The one operation should be the complement of the other, and neither of them should be exclusively adopted for all sorts and conditions of a variable disease.

A Case in which the Gasserian Ganglion was removed.

CLINICAL LECTURE BY MR. FAGGE.

GENTLEMEN,—We shall discuss to-day notes of three cases of that very distressing malady which is known as trigeminal neuralgia. Two of these cases have not had any radical operation performed. From the third the Gasserian ganglion was removed by the intracranial method.

The first case is that of a woman, Sarah B., æt. 56, who came to my Surgical Out-patients a few weeks ago complaining of pain in the right side of the tongue, and over her head, in the temporal region, which pain had been present for ten years. Twelve years ago the lingual nerve of the right side was resected in this hospital, and two years after that the pain returned, and has been intermittent ever since. The pain has been much worse during the last year. The only other point of interest in her history was that the original pain came on suddenly, while she was eating. She has attended Out-patients once, and was given a pill containing butyl chloral and gelsemium.

The second case is that of a woman, Emily S., æt. 42, who, for some years, has had attacks of pain on the right side of the face. She told me that the attacks of pain began in her lower jaw, generally in the lower lip, and extended to her right ear and temple. They are also marked in the right side of her tongue, and for the last few weeks she has had marked pain in the right ala of her nose. She has no day without an attack, and usually has had seven, eight, or ten attacks a day. The attacks are of two kinds; an acute attack, which consists of terrific pain in these parts of her face, lasting a few minutes, and then the pain suddenly subsides. The second class of attack is more chronic, in which she has pain, at first fairly sharp, and continued for some hours as a dull aching in the right side of her face. As she sat at Out-patients, she said, "I am going to have an attack," and as the attack came on I made notes of her condition. First I noticed that she was flushed, the right side of her face more than the left. I noticed some twitching of the muscles about the right angle of her mouth; the angle of the mouth was drawn backwards, and her lower jaw rotated from side to side, as if the right external pterygoid was

acting spasmodically. And in half a minute or so she told me the pain was passing off. But during the five minutes she was there she still had the pain, though it was less marked. The only other thing I noticed was that during the attack her right eye cried. She had had intervals of freedom from attacks for some months at times. She could not explain the cause of onset of pain, which, as in the other woman's case, appeared suddenly one day while eating, seven years previously. And neither could she explain the periodical cessation for one or two months, or more, of pain. She was sent to me with a letter from her doctor, in which he described the attacks, and said that all her teeth have been extracted on the right side. The letter reads: "In her present condition life is almost unbearable. I have given her every medicine I can think of. What do you suggest as treatment?"*

The third case is that of Mrs. I., who was in Martha ward in 1906, under Mr. Lane. She is 65, and was admitted for pain on the right side of the face. I do not think there is any anatomical or other reason for it, but all my three cases have occurred on the right side, just as they have all been in women. The abstract of her old reports says this patient has been under four operations. In 1892, that is fourteen years before I saw her, "a nerve was removed from the right side of her face." In 1898 she was operated upon by Mr. Lane for an abscess in the right antrum. In 1903 the infra-orbital nerve was destroyed. In September, 1905, the antrum was again opened. On admission, the notes say, "She suffers from anæsthesia over the infra-orbital canal on the right side, but feeling is intact over all the other parts of the face. She complains of acute attacks of pain on the right side of her face, and constant pain in her mouth." This patient, whom I looked after in Mr. Lane's absence, seemed so emotional from pain that, at first, I thought she was insane. She lay in bed quietly, and then suddenly had an acute attack of pain on the right side of the face. In her the flushing which preceded the attack was extraordinary. She then raised herself up in bed, threw herself about, and cried out with pain, weeping profusely. After a preliminary examination, I suggested to her relations and to the house-surgeon that nothing should be done, as I thought her mental condition was so unsatisfactory. She had been sent to Mr. Lane by her medical man, and on my suggestion that nothing should be done, he disagreed, as he thought that her mental condition was due to her pain; and the patient and her relations were anxious that something should be done, whatever that might be, to relieve the excruciating pain in her face. And so, a few days later, in September, 1906, the right side of her head having been shaved, a horse-shoe shaped incision was made, commencing in front of the right tragus and ascending towards the temporal ridge, passing in a curved direction downwards, to end in the anterior margin of the zygoma, behind the external angular process of the frontal bone. The incision, of course, passed through the temporal muscle, and a flap of skin and muscle was turned downwards. Then the zygoma was defined and cut through at both ends—in front, where it joins the malar bone, and behind, just in front of the glenoid cavity. The flap was now drawn much further downwards, and, the bone being further exposed with a periosteal elevator, the external aspects of the great wing of the sphenoid and of the temporal bone behind were exposed as low down as the infra-temporal crest. Then part of the great wing of the sphenoid, just where it joins the temporal bone, was removed with a gouge. This hole, made with the gouge, was enlarged downwards right to and including the infra-temporal crest, and upwards, forming a hole about the size of half-a-crown, but it was longer from before backwards than it was vertically.

The report says that the bone was removed over an area from before backwards of two inches, and from above downwards of one and a quarter inches. The dura mater was now freed from the base in an inward direction, and two conical processes of dura mater going through foramina were observed, and were recognised as the second and third divisions of the fifth, passing through the foramen rotundum and foramen ovale. At the innermost end of the wound, the dura mater being detached as far as possible, and the second and third divisions of the fifth now being fairly easily seen, the dura mater was incised. At the time I thought I was incising Meckel's cave, but I only divided dura mater and opened the subarachnoid space, and immediately the wound was flooded with cerebro-spinal fluid, which added to the difficulty, and probably accounted for one of the unfortunate sequelæ of which I will tell you later.

* In July, this patient was admitted under my care; she refused excision of Gasserian ganglion when results and risks were explained; while in bed she had comparative freedom from attacks. She has been treated by Dr. Hertz in the Electrical Department, and has again relapsed.

The immediate escape of cerebro-spinal fluid had one beneficial effect, namely, that the intercranial contents were considerably diminished in size; and so the brain in the middle fossa, with its covering of dura mater, was better held back by the dresser with a retractor. The fifth nerve was divided behind, as it was passing over the upper border of the petrous portion of the temporal bone, and the notes, which were dictated by me immediately afterwards, say "probably through the ganglion, not behind it." The third division of the fifth nerve was divided at the foramen ovale, and the second division just as it passed through the foramen rotundum. The muscles of mastication twitched, so probably the motor root of the third division was also divided. There was much doubt in my mind whether the whole fifth nerve was divided behind the ganglion, because at this time there was much hæmorrhage from the cavernous sinus, which was opened in freeing the inner side of the ganglion where the first division leaves it. The first division of the fifth was obscured by blood, and it was thought it had not been divided, and the clerk has, at my suggestion, produced a diagram in the report, which shows the ganglion divided below the first division. The temporo-sphenoidal lobe occupying the middle fossa was allowed to fall back into its place, the zygoma and temporal muscle were sutured in place, and the skin sewn up. The immediate effect was that she had anæsthesia over the whole of the right half of her face, and also an anæsthetic conjunctiva. The eye was covered up, but in a few days it was clear that she had pus in the anterior chamber. So I think we may conclude that the first division of the fifth had also been excised, and the whole Gasserian ganglion must have been removed, as trophic changes at once occurred in the eye. The left arm and leg were found to be weak, and this was the case until the patient left the ward, since when the loss of power had been to some extent regained. The notes say the right side of the face remains entirely anæsthetic, and while the patient was in the ward the relief from the neuralgia was complete. A month after the operation the patient was transferred to the Eye wards, where her right eye was removed. During that time I continued to see her, and she afterwards went home. The doctor wrote to me on June 17th, 1907, saying, "Mrs. I. is at present away at the seaside. I saw her about a month ago, and she has recovered the use of her leg and can walk very well. The arm and hand have improved, but to a much less degree. There has been no return of pain. She herself is quite satisfied with the result of the operation. She says if she were in her old condition before the operation, and knew exactly what was going to follow it, that is, paralysis, and loss of her eye, she would still have the operation done. Under these circumstances I think the operation must be considered a success, in spite of the unfortunate sequelæ." The unfortunate sequelæ were the fact that she had suffered, for a certain period after her operation, from paralysis of the muscles of the left arm and leg, and she still has weakness of her left arm. That, I think, was due to two causes. The first, I think, was extra-dural hæmorrhage; some blood was effused between the dura and the bone, from which the dura mater was detached, and it no doubt resulted in some pressure being exercised upon the motor area. Another important factor in producing the paralysis, I think, was the pressure of the spatula on the brain in the middle fossa, and it is especially probable that pressure will do harm if the dura mater is opened and the protecting water bed of cerebro-spinal fluid is removed. So the immediate advantage of opening the dura mater, which resulted in the brain shrinking, was not a gain, because I think it made the brain more susceptible of injury. This view is supported by a case of which I read recently in the Clinical Society's Transactions, in which another surgeon inadvertently opened the dura mater in performing this operation, and this was followed by a temporary paralysis of the muscles of the other side of the body. The loss of the right eye was one of the risks of which our patient was warned beforehand, because several cases have been recorded in which the removal of the three divisions of the fifth and of the Gasserian ganglion has resulted in the loss of the eye. A case is recorded in the Clinical Society's Transactions by Mr. Jonathan Hutchinson, Junr., in which he, in one out of five cases, removed the whole ganglion, and I think it was six or seven months before anything happened in the eye of the affected side; but then the eyeball began to slough, and was finally removed.

This condition of neuralgia of the fifth nerve is, in well-marked cases as I have suggested, easy of diagnosis. The cases which I have mentioned probably come under the category of primary neuralgia of the fifth nerve, and it seems that their pathology, as far as it is worked out, is an ascending neuritis of the fifth nerve, with degeneration of the ganglion cells. And this reminds me that I omitted to mention that

no microscopical examination of the piece I removed was possible, because the piece was lost. But it has been shown that in cases in which the ganglion has been removed and the piece has been examined microscopically, there is degeneration of the ganglion cells in the Gasserian ganglion. It is most important to differentiate these cases of primary neuralgia from cases of secondary neuralgia, which are cases of referred pain in the three divisions of the fifth nerve: in the third division of the fifth, this is commonly due to irritation of the peripheral branches from carious teeth, or from odontomes; in the first and second divisions from sinus disease, disease in the antrum, from nasal polypi, from periostitis in the upper or lower jaw, or in any branch owing to a cerebral tumour. And in order to exclude these causes of secondary neuralgia, you find that so many of the patients with what is truly primary neuralgia of the fifth nerve have all their teeth removed, as was the case with one of my patients. The characteristic symptoms of this disease have been well exemplified in the cases I have described, and I will only briefly refer to them. They are characterised by spasmodic attacks of hyperæsthesia over the affected area, by points of tenderness where the affected nerves come to the surface, by weeping of the eye on the affected side, hyperæmia of the face, and the attacks are commonly brought on by mastication or by speaking.

The diagnosis is, I think, easy, because of the chronicity of the trouble. The old lady whose notes I read out had had it certainly for fourteen years. The other two patients had had it respectively twelve years and seven years. If the neuralgia were due to organic disease from pressure on the peripheral branches, you would probably have, long before that time, some evidence of the cause. For instance, you would have some swelling and nasal discharge, associated with disease of the accessory sinuses; there would certainly be enlargement of the jaws from odontomes, and other symptoms, such as vomiting, optic neuritis, suggesting that the pain was due to cerebral tumour. Also you can differentiate primary neuralgia from that due to organic disease by the absence of changes in the muscles of mastication; you get no trophic changes in the skin of the face, no persistent anæsthesia, and no atrophy of the muscles of mastication. In fact, between the attacks the patients are perfectly normal, except that they have a slight amount of unusual sensation in the affected area. And notice that all the cases apparently begin in one branch of the fifth nerve, and then spread to the others. In my second case the most serious point was, that whereas she said the trouble began in her ear and her temple and in the side of her tongue, she has, for the last few weeks, had a pain extending into the ala of her nose, suggesting that the second or first division was now becoming involved.

I now pass on to treatment, which, of course, in the first place, is medicinal, and I am not in a position to give you much help about this. The only drug which, in the recorded cases, seems to have often done good is methylene blue, in three-grain doses. Some gave strychnia in the early stages, and later bromides, chloral, gelsemium, phenacetin, aspirin, and morphia; in fact, all the nerve sedatives which you can think of. The first thing to be most careful about is to remove all possible causes of irritation. That is to say, before subjecting the patient to what may be a very serious operation, it is most important to exclude, both by examination of the nose, naso-pharynx, and accessory sinuses of the mouth, any possibility of the neuralgia being secondary. And in the course of that examination patients are generally advised to see a dentist, as a result of which, as in some of the cases I have read out, the patients had had all the teeth on the affected side removed. This is by no means an uncommon thing, because no doubt it is very difficult to know which tooth may be the cause of the trouble.

Then we come to operative treatment. One of the patients whose notes I read, æt. 56, whom I saw at Out-patients two weeks ago, said she had had the lingual nerve removed inside her mouth twelve years before, and there was a scar in front of the anterior pillar of the fauces, between the last molars of the upper and the lower jaws. Another illustration of this treatment is the old lady in these notes, who had had four operations. In the first, branches of her infra-orbital nerve were resected, and at a later operation this nerve was removed in the roof of the maxillary antrum, as far back as could be reached.

As a peripheral nerve operation, besides neurectomy, nerve stretching may also be tried. And besides operations on these nerves in which the pain begins, you may perform a slightly more extensive operation, either extra-cranially or intra-cranially. The third division of the fifth may be divided by an operation which, in all its details, exactly follows the dissection to expose the external pterygoid, which we used to carry out in the dissecting room. Should the division of such a nerve outside the skull, or section of the

second division of the fifth at the infra-orbital foramen, or as it passes through the infra-orbital canal, fail to relieve the pain, the only course will be to carry out an intracranial operation, such as division of the second and third divisions of the fifth inside the skull. The operation is carried out just as I described in my case—by making a hole through the temporal fossa and lifting up the dura mater in the middle fossa. The second and third divisions of the fifth having been defined, as I have told you they were in my case, the nerves are divided at their exit through the foramina, and as large a portion as possible is removed.

But there is no doubt that, after all these operations to which I have briefly referred, the pain not infrequently does return. I cannot tell you how often it returns, or after what procedure it is most likely to return. And I do not want to base any argument on such data, because I think that the worst surgery which you can possibly be led to practise is what may be called statistical surgery. It is one of the greatest evils of the present day that there is a species of surgeon who is ever ready to read a paper armed with a ·5 per cent. lower mortality by his method than by the methods of others. It is bad, because it so largely depends on the class of case on which you operate, and, if you want to make your statistics good, you do not operate on bad cases, and therefore you do not do your duty and do not give partial relief to very severe cases.

Although neurectomy should always be carried out in slight cases, peripheral neurectomy having failed, as it often will, you must go further, and do the intra-cranial operation; and whereas intra-cranial neurectomy of the third and second divisions of the fifth does not meet with much success where excision of branches has failed, I cannot find any evidence that removal of the Gasserian ganglion has ever been followed by return of pain.

It seems that simple excision of the nerve is ineffectual because the degeneration has probably passed into the Gasserian ganglion, and the pain which is referred to the periphery is really provoked in the Gasserian ganglion itself, just as patients who have had their legs amputated feel pain in their toes. There is no physiological argument against the suggestion that the Gasserian ganglion itself is the irritative cause of the pain perceived in the brain, and that in order to entirely eliminate the possibility of return, the Gasserian ganglion itself must be removed.

In order to remove the ganglion, there are two routes which may be followed. It was my good fortune, twelve years ago, as Mr. Jacobson's dresser, to assist at an operation which was carried out by what is called the pterygoid route, or Rose's method. It exactly follows the dissection, which I have mentioned, to expose the external pterygoid. Having reached the pterygoid fossa, hæmorrhage from the pterygoid plexus was particularly free. The patient was put back to bed, and the wound packed, and some few days later the wound was opened up again. A trephine hole was then made through the great wing of the sphenoid, just external to the foramen ovale, and the third division of the fifth and a part of the ganglion were resected. You will appreciate the difficulties of making a trephine hole there. The patient left the hospital, but the pain returned, and a few years later the second and third divisions of the fifth nerve and the corresponding part of the Gasserian ganglion were removed in another hospital. It was two years after this that I saw the patient at the Clinical Society, shown as a case of successful removal by the temporal route, and he was then quite free from pain. I should not have called attention to the failure to get rid of the Gasserian ganglion by the temporal route had not Mr. Jacobson in the last edition of his "Operative Surgery" fully recorded it with characteristic candour. I think this was one of the most difficult operations I have seen, and the hæmorrhage was very profuse. Mr. Jacobson uses this case as an argument against Rose's operation, and by candidly recording its want of success, sets an example which some surgeons, whose tendency is too often only to perpetuate their successes, would do well to follow.

The other route of dealing with this ganglion is through the temporal region. And there are two methods, which differ but little. One is called the Hartley-Krause route, in which a temporal flap is turned down, and the operation carried out through the temporal fossa. A second modification of this is Cushing's operation, which I carried out on my patient, and which only differs from the Hartley-Krause operation in that the zygoma is divided, and therefore the infra-temporal crest is more easily exposed: because it is difficult to get down well into the middle fossa, and can be most easily done by temporary resection of the zygoma.

With regard to results, Mr. Jonathan Hutchinson, junr., showed five cases at the Clinical Society, in four of which he had only removed

the second and third divisions of the fifth. He advises that only the second and third divisions should be removed. If it is clear that there is no evidence of the neuralgia extending to any branches of the first division of the fifth—if, as in my other two cases, it is clear that the second and third divisions only are affected, I think the better operation to perform is that advised by Hutchinson, namely, to try to divide the Gasserian ganglion at the point I show you in my diagram, leaving the first division alone, because, as Hutchinson points out, recurrence of neuralgia in the area supplied by the first division has never been recorded after removal of the two lower divisions. And then the great disadvantage of the complete operation (loss of the eye) would be avoided. In Hutchinson's fifth case he removed the whole ganglion, because the first division of the fifth was affected; and, as I mentioned earlier in the lecture, the eye sloughed six or seven months after the operation.

Lastly, I will mention the possible evil results of such an operation. The first is hæmorrhage; this may be due to injury of the middle meningeal artery, which you have to go past in order to reach the Gasserian ganglion from the outside of the skull. It lies a little behind, but distinctly between the superficial wound and the ganglion. And should it be abnormal in its course upwards and forwards to the great wing of the sphenoid, it is very difficult to get past it without injury. Hæmorrhage from the middle meningeal, certainly in one case recorded by Wallace in the Clinical Society's Transactions a few years ago, led to immediate ligature of the external carotid, which must prolong the operation. Or hæmorrhage may occur from the cavernous sinus, and I told you it did in my case. Hæmorrhage from this is no doubt partly due to faulty operating: this risk clearly is avoided if only the second and third divisions are removed. Paralyses may follow the operation; the sixth and third cranial nerves or the motor cortex have been affected. The way in which the motor cortex may be injured is exemplified in my own case. Lastly, there is the production of an insensitive cornea and possible sloughing of the eyeball. This can only be prevented by sewing up the eyelids before the operation and trying to make the conjunctival sac clean by first washing it out with warm sterilised water. But even this precaution is not entirely prophylactic, because, though there is, no doubt, a special tendency for the eyeball to slough and shrink and become disorganised immediately after the operation, yet I told you of a case in which it sloughed some months afterwards, and it would be impossible to have the eyelids sewn together for some months.

And, lastly, as to mortality. In a paper in the Annals of Surgery for 1896, Tiffany, of New York, collected twenty-three deaths in one hundred and eight recorded cases. So clearly it is a very serious operation, especially as it is usually only called for in patients past middle life, who are absolutely worn out by excruciating pain. You must consider that the subject of the operation may lose the eye, and if you contemplate such an operation it is your duty to put all the possibilities plainly before the patient.

Tobacco.

A Reply to "E. H. G." and "Anti-Antitobacconist."

While the GAZETTE is discussing the matter of smoking, and since the subject is of such great importance, I would like to add a further word. The papers for the Newly Qualified, written by others and myself, are not for hardened seniors, but for those whose ossification is only just complete, and whose opinions and habits are therefore in a formative stage. Again, they are not written for any one individual, but for a class of men whose positions in society enable them to aid in building up a strong-bodied and clear-headed nation.

Though an individual may be so self-indulgent as to smoke excessively with no subjective apparent injury, yet he would not surely advise *every man* to follow the same extravagance. On the other hand, the example of those who smoke nothing, or very little, *is* worthy of being pressed home to the *whole class* of young men to their definite advantage.

Two young officers in the Guards came across my path this week. I was delighted to notice how they scorned the idea of any excess in smoking or drinking, using about two cigarettes a day and one glass of wine with lunch and dinner. Their object was to be as smart and strong as possible, and they looked the picture of health, activity, and moderation. I maintain that loose habits of smoking are exercising a baneful influence on society, making men vulgar and coarse in speech and behaviour. The smoking concert and music-hall type asserts itself where it never used to be found, and instead of keeping to its own territory belabours others with what are, to them, objectionable

fumes in scenes where "smoking carriage" is not put up.

I find that when gathering for an orchestral practice, for instance, men will come in smoking, though ladies are present. Along with the cigar or pipe goes the undoffed hat, so that men will sit in the company of ladies with their hats on. Then the ladies are offered cigarettes, and some of them smoke either to please themselves or the men. I would much prefer to be the Frenchman who takes off his hat to the policeman, than be the Englishman who does not lift off his hat in the presence of ladies or his elders.

To the list given by our friend, the anti-antitobacconist, who is willing to part with half his life for his tobacco, I have only to add the smoker's throat. This throat is red and irritable, causing a cough. The uvula is sometimes œdematous, and the redness may extend up over the hard palate.

As a result of purposive ignorance of these facts, such as the smoker's heart, nerves, eye and throat, it is possible to find oneself with a loaded premium, or even no policy at all, should one contemplate life insurance.

I am glad of the paper of "E. H. G.," which, though it begins with "disgust," ends with approbation of "moderation, as a luxury, and in the hours that follow the labour of the day." A young man voluntarily came out with his experience to me, that he could not cycle so far or so well if he smoked while cycling. In like manner nobody can do anything so well smoking as without smoking, unless they have become a slave to the habit and need the perpetual whip of tobacco to keep them at any work.

While drinking has decreased to the great advantage of the community, smoking has increased.

Now it is our duty, as sanitarians, to turn this increase of smoking also into a decrease for the good likewise of the whole nation.

AFTER THIRTY YEARS.

Papers by Guy's Men.

The Use and Abuse of the Curette. By F. C. Batchelor, M.D.—*New Zealand Medical Journal* for May, 1907.

Some Features of Adherent Pericardium. By Theodore Fisher, M.D., M.R.C.P. Lond.—*The Clinical Journal*, 28th August, 1907.

Clinical Observations on the Prodromal Period of some of the Acute Infectious Diseases. By E. W. Goodall, M.D., B.S. Lond. (With Charts.)—*British Medical Journal*, 17th August, 1907.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

Alcohol.

DEAR SIR,—I was somewhat at a loss to know, when reading your correspondents' letters on this subject, whether they had based their views on the alcohol question on the results of scientific inquiry, or whether they had interpreted scientific results by the light of their personal opinions. I am inclined to think that the former is the better method.

Alcohol—by which I mean ethyl alcohol, and not the various fluids which contain it—may be regarded from three points of view, namely, as a beverage, a food, and a drug; in other words, we may drink, eat, or merely "take" alcohol.

The various questions which arise under these headings must be carefully kept apart, as it is quite possible to hold that the use of alcohol may be beneficial when it comes under one of these categories, while denying its value in one or more of the others.

As to the food value of alcohol, possibly the following account of some important views and results may be of interest:—

Liebig considered alcohol a food, *i.e.*, capable of oxidation in the body, and thus a producer of energy, and this view was very generally accepted till 1860, when certain French observers, as the result of experiment, came to the conclusion that it was eliminated unchanged. Their results were, however, criticised by Bieez and others on the following grounds: (1) The amounts given were excessive, and even grape sugar, when given in very large amounts, is partly excreted unchanged; (2) The tests used for the recognition of alcohol were not really quantitative.

Bieez's own experiments were free from these objections, and have been frequently confirmed. Hammond experimented on himself. He took insufficient diet, and consequently lost weight. The addition of small amounts of alcohol to his diet caused the weight to rise again. Attwater showed that in moderate doses alcohol was almost completely burned in the body; 72 grams of absolute alcohol were oxidized completely in the body in twenty-four hours. In 1904 Goddard published an important paper in which he not only confirmed the results of Bieez and others, but traced the intermediate stages in the oxidation process. His experiments, which were prolonged over several years, were performed on dogs. His conclusions were—(1) When not more than $\frac{1}{750}$th of the body-weight of absolute alcohol was given, all but 5 per cent. was *completely* oxidized. (2) With double this amount, 6 per cent. was excreted unchanged, and acetic aldehyde (intermediate oxidation product) was excreted in the expired air. (3) With very large doses, 49 per cent.

altogether was excreted—41 per cent. as alcohol in the urine, and the rest as aldehyds, carbonates, acetates, &c.

Chittenden has pointed out that in the first of Goddard's groups animals weighing 160 lbs. could oxidize 84 grams of absolute alcohol. This would represent about 168 grams of pure whisky, or about one quart of port, for a man of average weight. Goddard's dogs were, however, semi-starved, and their oxidative powers probably above normal.

Beebe's experiments at Vale were carried out on five healthy young men not accustomed to taking alcohol. During a short period, during which they were getting used to the substance, the nitrogen excretion was increased owing to the action of alcohol as a protoplasmic poison. After this the N. output was decreased, the protein-sparing action being about equal to an amount of fat or carbohydrate of the same caloric value. One gram of ethyl alcohol has a caloric value of 7, whereas 1 c.c. of milk yields about ·7 c.

But Beebe found that though the total N. was diminished, there was a marked increase in the exogenous purin N. Certain alcoholic drinks, such as port, had a greater influence in this way than pure alcohol. German observers, however, as a whole (including V. Noorden and Magnus Levy) deny that alcohol influences uric acid excretion.

With regard to carbohydrate metabolism, Salant has shown that large doses do not spare glycogen, but, on the contrary, hasten its disappearance, at any rate after the intoxicant action of the drug has passed off. However, he experimented with very large doses—three or four drachms of 60 per cent. alcohol for each two pounds body-weight. This would be the equivalent of more than two pints of whisky for a man weighing 150 lbs.

Finally may be mentioned the very interesting results obtained by Reid Hunt, and published this year. He showed that although, *qua* food, alcohol behaves analogously to sugar, and may replace, to a certain extent, sugars and fats as a source of energy, yet, owing to its action *qua* drug, the net effects were different. When given to mice and guinea-pigs it caused certain changes in the oxidative capacity of the cells which prevented the normal (protective) reaction to doses of acetonitrite. Certain other drugs, like chloral and amyl alcohol, did not exhibit this phenomenon.

Perhaps, before concluding, I may be allowed to point out that Hutson Ford's experiments—to which, I think, allusion has been made (though not specifically) in the course of this correspondence—do not prove that alcohol taken by the mouth will behave, as regards metabolism, &c., in exactly the same way as alcohol found in minute quantities in the tissues and body fluids. The questions of concentration, distribution, and the selective action and varying susceptibility of cells must all be taken into consideration; whilst, on the other hand, the fact that alcohol is a protoplasmic poison, and is classed by Loew among the calatylic "general" poisons, does not preclude it from a certain possible usefulness under particular conditions.

With many apologies for the length of this letter,—I am, dear Sir, yours faithfully,

T. M. FORTESCUE-BRICKDALE.

Clifton, Bristol.
Sept. 1st, 1907.

Qualifications in the Blue Book.

DEAR SIR,—I note in the Clubs' Union report, published in your issue of August 24th, the advantages are pointed out of having the names, *qualifications*, &c., of members in the Blue Book. Do these advantages exist? In looking through past and present Blue Books, I note that the qualifications of some members are inserted, others are not.

I also notice than when the qualification is inserted it is invariably one of the so-called "Higher Qualifications." The unfortunate members who do not possess these qualifications are ranked with students and unqualified members.

As the Blue Book—as is stated in the report—is used as a directory, it is obvious that certain members are receiving a gratuitous advertisement at the expense of, and to the detriment of, fellow-members.

The Clubs' Union is a club, and as such its members should have *equal* rights and privileges. Either all qualifications should be inserted, or none at all.

I trust that in future editions of the Blue Book the existing injustice will be rectified.—I am, dear Sir, your obedient servant,

A MEMBER.

London, S.W.

The late Major Fullerton.

DEAR SIR,—I think the sad death of Major Fullerton needs something more than the short announcement which you give in the last number of the GAZETTE.

Although he was a Dublin man, he spent most of the first half of this year at Guy's working at the different subjects after a long period of service in India. He then went over to Dublin and took the Irish Fellowship.

Many of us saw a good deal of him, and found him one of those whom one calls "one of the best."

I know I am right in speaking for those who knew him here when I say that we are deeply grieved at his untimely death.—Yours truly,

H. T. HICKS.

15, Portman Street,
Portman Square, W.
Aug. 24th, 1907.

Papers by Guy's Men.

With Dr. Norman Meachen in the Skin Department of the Prince of Wales's General Hospital.—*The Clinical Journal*, 21st August, 1907.

Notes on Two Cases of Leprosy affecting the Eyes. (Illustrated.) By Arthur W. Ormond, F.R.C.S. Eng.—*The Practitioner* for August, 1907.

SURGICAL
REGISTRAR
Nº A 6
R.M.W. 1907.

The Milestone Buttress.

Turning over the pages of a diary, kept during a holiday spent in rock-climbing, one finds mention of many exciting incidents; anxious moments spent in narrow chimneys when the leader was busy sending down boulders, that whizzed past us with the velocity of rifle bullets; sensational swings on the rope over a three hundred foot precipice, when a sight of the sharp crags beneath caused us to pray fervently that the ropemaker had done his work well. But to find sufficient of these incidents, crammed into one day's sport, to make the narrative interesting, is not easy; so I must fall back on a day that, although it afforded considerable amusement, was marked by no particularly exciting event.

Sick to death of being drenched to the skin every day in the Cuchullins, we struck our tent and departed to Wastdale Head, only to find the same miserable weather in full force there. A wire from North Wales came one afternoon, when we were shivering with wet and cold, telling us that the Snowdon range was bathed in sunshine; in search of the sun we fled from the Lake District, and a day later threw down our rücksacs in the hall at Lake Ogwen Cottage. The weather proved all that could be desired; the food was excellent, and a merry company assembled round Mrs. Jones' table until—the camera fiend arrived. No matter what the topic of conversation, he would always take it in hand and deftly twist it into a discussion on lenses, shutters, developers, and the like. The day before this story opens I had stood bromide for lunch and hydroquinone for dinner, but when it came to pyrogallic acid for breakfast, I pushed my plate away and walked out into the open air. Despite the droning of the photographer, the magnetic properties of a petticoat were sufficient to keep my friend Woodley at the table until I had finished putting on my putties, when he came out and addressed me somewhat apologetically:—

"Those two girls want to see what climbing is like, so I've promised we will take them up the Milestone Buttress."

"We?" I said, looking up at him interrogatively.

"Yes, you and I," he answered, "I'm sure you don't mind."

Now Heaven forbid that I should, for one moment, suggest that there is anything on the earth that a woman cannot do at least as well as a man; yet at the same time one cannot help feeling that the sexes do not mix well together on the mountains; for the man cannot shake off the feeling of responsibility for the safety of the woman, while he dislikes to appear officious, and too solicitous to help a creature who is probably as agile and active as himself. On the other hand, the woman, anxious to be independent of masculine assistance, refuses to acknowledge her fatigue, and in consequence gets overtired.

But Woodley is a good fellow and a fearless climber (did he not lead us up the Monolith Crack when the difficulties, hardships, and agonies of a lifetime were compressed into one brief half-hour?). I was giving a grudging consent when a sight of one of the would-be members of the party made me ready and willing. She stood in the doorway, and her small white teeth flashed in the sunlight as she smiled at the beauty of the scene; she was tall, slim, and lissom, and, best of all, she looked as light as a feather. But if she were light, her companion made up for it; for as I am not given to exaggeration, it can be taken, when I state she weighed fourteen stone, that this amount may be considered a minimum. At once, I mentally resolved that if I had got to pull anyone up anywhere that day, it should be the light-weight and none other.

As the ladies' shoes were devoid of the nails so necessary for a firm footing on the rocks, I managed to find a handful, and soon the Nant Ffrancon Pass was echoing with the blows of my hammer. I must confess to having had very little practice at boot-nailing, but when I say I have had the privilege of assisting at some of Mr. Lane's reconstructions of the human frame, it will be understood that I made, at least, a fair job of it. The slim lady thrust a foot into her shoe, but rapidly withdrew it, as she asked in an aggrieved voice if I wished her to puncture her deep plantar arch. Her technical knowledge of the anatomy of the foot aroused my curiosity and caused me to put a few leading questions, whereupon it dawned upon me that I had acted as cobbler to a shining light of our own profession, and I must here confess that I do not in any way share the too prevalent prejudice against our feminine colleagues. I have yet to learn that a medical education can cause anatomical changes in the abdominal contents; nor can I see that the possession of a surgical qualification detracts in any way from the beauty of a lock of hair, the glitter of a row of white teeth, the smoothness of a shoulder, or the roundness of a limb.

The Tartarin-like appearance of Woodley as we set off down the pass arrested our fair companion's attention; and small wonder that it did. I am assured that in private life, where he exercises the peaceful profession of a cotton-broker, he is a most respectable person, but his appearance on the mountains justifies anyone taking him for a tramp. His suit was old and ragged; the rocks of Europe had played havoc with it. Samples of his coat could be found on the crags of the Alps and the sharp Gabbro of Skye. He prides himself on being a good man with a needle, but the patches I had seen him laboriously fix on his knees at Glen Brittle were threatening to fall off. A camera bulged out of one pocket to bursting point, and a rücksac, containing lunch and cooking apparatus, was perched on his back, while surmounting all were the coils of an Alpine club rope.

"May I ask what that rope is for?" asked the heavy-weight, with a gleam of amusement in her dark eyes.

I did not catch Woodley's answer, but the use of the rope was soon destined to be firmly impressed, not only upon her memory but also upon her ribs; and I should not be surprised to hear that the marks are there still.

We arrived at the foot of the climb and saw the magnificent buttress of rock, towering above us. Woodley uncoiled the rope and held out the end to me, saying:—

"You had better lead and have Miss C—— next (indicating the heavy-weight), while I'll come third and bring up the doctor."

The generosity, with which he surrendered the premier place to me, would have been surprising had it not been for the difference in avoirdupois between the two ladies. But clutching at spiky Gabbro had still left my hands sore, and I felt no burning desire to support fourteen stone on a rope, so I answered as diplomatically as I could:—

"No, I think you had better lead, Woodley; you have had more experience than I have. You take Miss C——, and I will answer for the safety of my professional sister."

For once I had it my own way; we put on the rope, and Woodley started the ascent. Now, although he demonstrated that there is nothing very difficult about this particular climb, by the rapid way in which he completed the first pitch, yet when it came to the turn of the heavy-weight, the fun commenced—that is to say, of course, for me. To say that Woodley's face expressed amusement as he tugged and pulled to get the lady up the cliff, would be a gross deviation from the truth. I let him go at it until beads of perspiration stood out on his forehead, when I took pity on him and gave the lady some elementary advice in the art of climbing; understanding at length that she was at least expected to make some slight effort to climb herself, after a struggle she succeeded in getting up to the leader's anchorage. I followed her, and prepared to assist my feminine colleague. But my help was not needed, for although she was hampered by a voluminous skirt and her badly-nailed boots scraped fruitlessly on the rock, she came up gallantly, without so much as a touch on the rope. But our troubles were only beginning. We now had reached a slab of rock that stood in front of us like a wall; a crack for the fingers to hold on to and the merest of toe-scrapes were the rungs on the ladder we had to ascend. Three times did Miss C—— nearly reach the top, and three times did the strain on Woodley's hands cause him to let her slide again to the bottom. Moreover, the girl was terribly handicapped by the unsuitability of her clothes; when she had dressed for the day she had evidently imagined that rock-climbing was a pastime of a similar nature to dancing. The mountain breeze flirted frivolously with her petticoats, and I commenced to understand the difficulties laundresses have to contend with who minister to the frills and furbelows of the fair sex. (I venture to remark in parenthesis that if a skirt is to be worn at all on such occasions, it certainly ought not to come below the knee; if objection is made to showing the shape of the leg, it can be easily disguised with thick stockings and putties. Still, if the sea-beach and ballroom are to have their own particular code of modesty, why not the mountains?).

Woodley having given up the task in despair, called to me for help, so I threw off the rope and clambered up to where he was. The two of us together made the business fairly easy, and we soon landed our fish, safe and sound, beside us. Then I called to the medico, and with very slight assistance from the rope, she ascended the slab in such first-rate style that I fell to thinking that if she was as good with the stethoscope and scapel as she was the rocks, if her agility in climbing would be equalled by a like eagerness to answer the night-bell—well, there is yet room on a certain front-door for another brass plate.

At length, in varying stages of exhaustion, we stood by the cairn that marked the top of the climb.

* * * * * *

"You will excuse me, Edgar," says Woodley deprecatingly, as he looks over my shoulder,

"but you have forgotten to mention something." "What?" I ask innocently. Woodley chuckles loudly.

"The half-hour you wasted on top looking for the doctor's side-comb that was in your pocket all the time, and now lies on your mantel-shelf. Also that imaginary fly that got into your eye, which she spent——."

"I suppose, my dear Woodley," I interrupt, "you also wish me to chronicle the indecent eagerness you displayed to show off your skill in sewing, when you volunteered to mend that hole in Miss C——'s stocking, even while it remained on her limb!"

E. H. G.

Polypharmacy.*

The days when physicians thought it their duty to write prescriptions a yard long, penning in a language they did not speak the directions for "throwing drugs of which they knew nothing into bodies of which they knew less," are gone. Never to return? Who knows? The simple craft of faithfulness to one stand-by, which Astley Cooper professed and which Lænnec believed in, has never become wholly orthodox to the profession. Some of us may hold, with Dr. Hale White, that where a multitude of remedies is advocated for any particular disease, few of them are good outside text-books and examinations; but few of us will dare, least of all in hospital practice, where the cost of the drug bill is a matter of little concern to the prescriber, to become martyrs to our convictions. There is a fascination—a deadly, soul-destroying fascination—in new remedies. The sick man is ready to try anything; the doctor who attends him is little less eager. The outside world says we experiment on our patients. It is a glib, ear-reaching argument—a plausible accusation that wins the jury at once. It is not for us to retort that the public experiments much more frequently, and in a much more fatal fashion, than we ever dare do. The man who flies to every new pill that the ingenuity of the advertising quack has put on the market, who reads with avidity and increasing hopefulness every account of the newest "cure" for cancer, who allows his wife or his chef to experiment with his daily at the dinner table, his tailor to experiment with his hygiene, his bootmaker to dabble in orthopædics, and his gasfitter to experiment with his eyesight, is surely not in a position to throw stones at his medical practitioner who gives him santonin instead of codeine when he has diabetes, or strophanthin instead of digitalis when he has heart disease.

There is an equal fascination in trying new combinations. Hahnemann, that most neglected of medical classical writers, found the temptations of "compounding" too strong for the rigorous practice of his interesting principles. His modern disciples, to whom his writings are canon, have more than emulated his heresy. They do not indeed mix their drugs in bottles—they mix them inside the stomach of their patient. Your average homœopathist is a great casuist (we use the term in no invidious sense), and your pharmaceutical physician is a true follower of the giant Escobar.

When the student goes from the hospital, and dispenses his own medicines, he overthrows in a month much of the fine theories he has formed in the wards. He sticks to a few drugs, as Cooper stuck to opium, magnesium sulphate, and mercury. His favourites, he will tell you, must possess two qualifications to be included in his seventh pharmaceutical heaven. They must be more or less efficacious, and they must be cheap. New-fangled remedies he does not care for. He has neither the time nor the patience to try them, and, for the most part, he does not know who has already tried them, and what have been the results obtained by such trial. It is true he occasionally reads in his professional papers of such and such a drug having worked wonders in such and such a case. He probably makes a note to write to his chemist for supplies—and forgets all about it.

This is evidently the point that has struck Herr E. Merck, whose annual report is a condensed epitome of the most permanent work in pharmaceutical chemistry during the year. The twentieth volume, which has just been issued, is a mine of information on interesting new remedies, compiled in a spirit of judicial impartiality which is refreshing in a pharmaceutical publication. The book is indeed an honest attempt to furnish a brief review of the acquisitions in the drug line during the last twelve months, and Herr Merck's immediate interest as a manufacturer of pharmaceutical novelties is made strictly subservient to a bald enumeration of bare fact. A large number of new preparations are reviewed; the literature of each is fully given, details of their chemical and physiological actions are in many cases added, and interesting notes of their clinical

*Annual Report on the Advancements in Pharmaceutical Chemistry and Therapeutics. Vol. xx., 1906. E. Merck, Darmstad, and 16, Jewry Street, E.C.

values are attached. Such a work is of undoubted value to the practising physician, and it is sent free on application to every medical man, and, regarded merely as interesting reading, it is a publication which is well worth writing for.

Space does not allow of any discussion of the interesting points in the book, yet a few of the more noteworthy articles may be cited. The account of curative sera contains interesting particulars of thyroid, Jochmann's, Sobernheim's, Roemer's, Menzer's, and other sera recently introduced to the notice of the profession. The article on formic acid and the formates quotes a number of authorities who have found these drugs of use in the treatment of diphtheria. Of more special interest are the details given of the use of malachite green (the chemical name of which we do not dare to print) and trypan red, which possesses only a slightly less ghastly appellation, sorrowing as it does under the title of "Sodiomorthobenzidinemonosulphoacid–diaza–binaphthylamine 3–6–sulpho acid. Both these weird combinations have, we are told, been found of decided usefulness in the treatment of trypanosomiasis, and trypan red has been used by one authority with so much success, in a case of mammary carcinoma, that if the *Daily Mail* were to hear of it we would, doubtless, speedily have an article on the new "Red" cure for cancer. Equally interesting are the details given of Kayser's ox-gall test in typhoid fever; of the vanillin test for albumen, indol, and skatol; of the perhydrol treatment of abscesses by injection into the unopened abscess cavity, and of the use of gelatine in hæmorrhagic nephritis. Additional information is also given of the various clinical tests mentioned in the last annual report, amongst others, of Rosso's reaction, on which a good deal of work has recently been done, mostly subversive of the results originally published. The volume possesses an excellent index and list of authors, arranged in alphabetical order.

Change of Address.

Captain H. P. W. Barrow, R.A.M.C., from the R.A.M College to the Irish Command.

Dr. J. H. Donnell, from 32, Bridge Street, Evesham, to the Queen's Hospital, Birmingham.

Dr. R. Gillband, from Banstead Road, Purley, to St. Margarets, Garrards Cross.

Dr. Dudley G. Greenfield, from Wellingborough Road, Rushden, to 4, Griffith Road, Rushden.

Dr. Edward C. B. Ibotson, from 216, Great Dover Street, S.E., to Cinderford, Gloucestershire.

Dr. B. Jones, from Leigh, Lancashire, to Avenue Gate, Clifton Drive, Lytham.

Dr. Donald MacAlister, from St. John's College, Cambridge, to the University, Glasgow.

Captain H. D. Packer, R.A.M.C., from Portsmouth to Golden Hill.

Major E. M. Pilcher, D.S.O., F.R.C.S., R.A.M.C., from Woolwich to the Straits Settlements.

Dr. F. A. Sharpe, from Dispensary, York, to Monsall Fever Hospital, Manchester.

Captain H. Simson, R.A.M.C., from Millbank to R.A.M. College.

Dr. A. R. Ticehurst, J.P., Winstowe, St. Leonards-on-Sea, to Huntbourne, St. Michael's, Ashford, Kent.

Captain H. Watts, I.M.S., from 9th Bhopal Infantry to Ambala, Punjab, on Plague duty.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

Appointments.

Morton Palmer, F. W., M.B., B.C. Cantab., has been appointed Ophthalmic Surgeon to the Teignmouth Hospital.

The following gentlemen were elected examiners at the last quarterly comitia of the Royal College o Physicians of London:—

Sir COOPER PERRY, M.D., Medical Anatomy and Principles and Practice of Medicine.

E. H. STARLING, M.D., Physiology.

W. HALE WHITE, M.D., Murchison Scholarship.

On the same occasion Dr. J. F. GOODHART was elected a Censor of the College.

Lieutenant G. CARLISLE has been awarded the De Chaumont Prize for Hygiene at the Junior Course Examination, R.A.M. College.

Papers by Guy's Men.

Backward Displacements of the Uterus. By G. Bellingham Smith, M.B., B.S. Lond., F.R.C.S. Eng.—*Ibid.*

The Diagnosis of Typhoid and Paratyphoid Fever by means of Cultures taken from the Blood in these Diseases. By Major J. C. B. Statham, R.A.M.C.—*Journal of the Royal Army Medical Corps* for September, 1907.

On the Causes, Effects, and Treatment of Dental Disease in Children. By G. F. Still, M.D. Camb., F.R.C.P. Lond.—*The Lancet*, 17th August, 1907.

Chorion-Epithelioma. (Illustrated.) By W. C. Swayne, M.D., B.S. Lond.—*British Medical Journal*, 24th August, 1907.

An Address on the Progress of the Medical Man. By Frederick Taylor, M.D. Lond., F.R.C.P. Lond.—*British Medical Journal*, 10th August, 1907.

ED.—M. E. B.

GUY'S HOSPITAL GAZETTE.

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Death of Lord Aldenham.

ANOTHER serious gap in the list of Governors has been caused through the death of Lord Aldenham, who passed away in his eighty-ninth year on the 13th inst.

He had been a Governor since 1873, and held the high office of President of the Hospital from 1880 until 1896.

Better known, perhaps, as Mr. Henry Hucks Gibbs, he had for very many years occupied a foremost position in the City, being head of the great house of Antony Gibbs & Sons. From 1852 to 1891, he was a Director of the Bank of England, filling the post of Governor there in due course, and for a short period—a few years since—was M.P. for the City of London.

The Governors of Guy's would probably fully acknowledge the great debt they owe to their late colleague, who, at a critical period in the fortunes of the Hospital, consented to fill the office of President.

His ability, energy, and varied attainments, assisted by his personal courtesy and charm, won him general respect and popularity; while at Guy's, we have to thank him for very substantial help, both from his firm and his own private purse, in addition to the sound judgment and clear grasp of principle that he brought to the service of the affairs of the Hospital.

Ducdame.

"Leaving his wealth and ease,
A stubborn will to please,
Ducdame, ducdame, ducdame."
—*As You Like It.*

IT is an old custom now, that at the beginning of each Winter Session a Special Number of the GAZETTE should be published for the special benefit of the Freshmen; custom also decrees that these pages should be devoted to a pure and simple welcome to you—our new companion and brother in the great family of Guy. By the time you come to read this, you will have gone through those little formalities up in the office which have made you "one of us," and we wish here, then, not to speak to you as to a nervous stranger, but as Guy's man to Guy's man, which generally means "speaking straight."

The reasons, or lack of reasons, which have persuaded you to come up here, we need hardly to touch upon. You have made up your mind to enter the medical profession, and we need not to help you to your decision. You have weighed the considerations on each side, and the right side has triumphed. But, if you are a thinking and observant man in the slighte degree, you will know that the life of a medical

man is not, in colloquial language, "all beer and skittles." You have given up all hope, firstly, of accumulating vast wealth; and, secondly, of ever having any spare time to speak of. If fortune comes your way, you will have no time to spend it; if, on the other hand, spare time comes your way——, we do not think it necessary to complete the sentence. Small wonder if some of us should think ourselves fools! Small wonder at our heading above; "A Greek invocation to call fools into a circle!"

Now it may be thought neither polite nor suitable to welcome you by asking you to think of yourself as a fool; our excuse is that every social problem has two sides, and that both sides should be listened to. There is probably no one in the medical profession who did not think what we have written down above at some stage in his career. But, to repeat ourselves, the right side has triumphed, and we find you here, a new Guy's man.

There are two courses in your life here which you should seek to avoid; one is taking life too seriously; the other, thinking of it too lightly. Try to steer a middle course. If you err in the first way, you will tend towards gloominess both here and in your after-life; remember that habits formed while at Hospital will stick for ever. If, on the contrary, you look too much on the lighter side of life here, you will find yourself, perhaps, a remarkable billiard player, or half-back, but nothing more. Remember that it is often better to have two or three enemies than only to be your own.

In work such as you will find here, thoroughness and accuracy are the essential points. It is much better to finish a piece of work in one day and know that it is completed, and that nothing has been left out, than to have touched on four or five subjects and remember nothing but a smattering of each the next day. If you find it necessary to neglect anything, do not let it be Hospital work. Should you cut a lecture or a class, you will harm nobody, and possibly acquire the reputation of being "a bit of a dog" in your way. But if you avoid Hospital work, you not only leave it for someone else to do, but you may upset the whole machinery of the Hospital. By the wonderful system worked out for us here by those in authority, there is always someone ready to see a patient, to treat him, and to write a report on his condition from the moment he comes in until he has left, or his post-mortem is over. If anyone should be missing, this chain is broken. If you are in the wards and want week-ends or days to yourself, tell your house-surgeon, and always arrange that your work shall be carried on for you.

With regard to method of working, be practical. Both in Hospital and private work it is the practical man who is successful, for he commands the confidence of his patients. And it is not only in your work in the wards, but at all stages of medical study that you will find this maxim applicable. The man who sits over a book night and day, may know text-books innumerable by heart, and may gain prizes and scholarships, but unless he be a practical man he will not find great success awaiting him. Many a less widely-read man will get a Spencer-Wells on an artery while the bookworm wonders what the artery is, and the patient quickly loses his chances of recovery. Do not, however, neglect your books on this account. At the risk of repeating ourselves, and being perhaps a little paradoxical, the practical way to pass exams. is to know your book-work.

As a Guy's man you should know the meaning of the term "signing up." It refers to a record kept by the authorities of every student here, telling of what work he has done and how he has done it. It is not merely a statistical list of numbers of lectures attended, etc., although these enter into it. In this record attendance and punctuality in ward and school work and quality of work and intelligence are all put down, and *it begins now*. So it is as well to bear in mind that slackness in your first years cannot easily be made up for by exaggerated keenness later on.

Do not forget Honor Oak Park. Hospital work of all kinds can only be thoroughly done by keeping fit. We are indeed exceptionally lucky at Guy's, from where we can be on the field at Honor Oak Park and changed within half an hour. If you desire to play, there are secretaries of all kinds of clubs after you. But do not be too modest. Remember that lists are put up, and trial games arranged, and that they are your only chance if you do not come up with

a reputation. You cannot expect the busy secretaries to come and hunt you up separately. If you wish to play you will have to step forward yourself and inform them of the fact. During the winter there are Rugby and Association Football, Hockey, and Cross-country Hare and Hounds. All have vacancies, and for all there are Inter-Hospital Cups to be competed for.

Then, to turn to indoor amusements, there is the Debating Society, which meets fortnightly in the Smoking-room. If your fancy turns to speaking, the secretary will be glad to hear of you, and again you must bear in mind that if you yourself are too modest, nobody else can speak up for you. The Physical Society meets fortnightly also, and if you are wise you will begin early to attend these meetings; at first to listen and watch, and later to speak and exhibit. For those who are lovers of music, there are both the Glee Club and the Orchestral Society.

Finally, once more we welcome you. We fear this reads more like a lecture than a word of greeting, but there are such a lot of little points. We often hear what men would do if they could have their earlier years here over again. Probably they would do precisely the same as in the first instance, but still they have seen their mistakes and remember them. Do not be afraid to ask advice from your seniors. Most of them will give it gladly, if possibly a little sadly. The Englishman may be slow at making friends, but his friendship is the more close for it. At Guy's you will probably make few close friends, but you will find a spirit of freemasonry amongst Guy's men, not only while you are here, but afterwards, wherever you go. Remember that if everybody does not know you here, you at least do not know everybody, and cannot expect to. If Guy's men do not always know names, they do remember faces, and there has been many a warm greeting, both abroad and in the provinces, between Guy's men who had never spoken to one another before.

The road to success at Guy's is best put in the five words of an old phrase, "Work hard and play hard." To remember that, and to let the unselfishness of the cricket or football field have just as prominent a place in one's Hospital work is to act up to our own motto,

"DARE QUAM ACCIPERE."

Appointments.

Medical School Appointments.

The following appointments have been made by the Treasurer upon the recommendation of the Medical Council:—

Clinical Assistants.—Messrs. R. G. Chase, W. P. H. Munden, N. Flower, H. Joste Smith, M. Leckie, J. N. Watson.

Dressers in the Throat Department.—Messrs. H. Stott, W. W. Cook, J. B. Martin, H. B. Carlyll, M. R. Dobson, L. T. Dean.

Assistant Surgeons' Dressers.—Messrs. E. L. Elliott, A. H. G. Burton, A. L. Fitzmaurice (Sir A. Fripp); P. C. Field, W. H. Watson (Mr. Steward); G. H. Peall, N. A. D. Sharp, H. Steinbach (Mr. Fagge); J. L. Johnston, C. H. Crump (Mr. Rowlands).

Medical Ward Clerks.—Messrs. A. A. Greenwood, J. R. Perdrau, J. L. Atkinson, W. T. Clarke, G. F. Haycraft, V. T. P. Webster, F. Kahlenberg, L. Bromley, H. L. Duke, H. F. Percival, W. S. Kidd, H. Platts, W. L. Hibbert, D. A. Mitchell, C. Weller, W. H. Catto, F. C. Endean, C. C. Tudge, W. Ledlie, H. L. Attwater, F. D. Saner, W. E. Williams.

Surgical Ward Clerks.—Messrs. R. P. Ballard, M. A. E. Duvivier, G. Maxted, A. Neville Cox, H. Gardiner, W. Reynolds, A. L. Saul.

Assistant Surgeon's Clerk.—Mr. W. H. Watson (Sir A. Fripp).

Post-mortem Clerks.— Messrs. C. A. Wood, H. O. Brookhouse, K. H. Hole, R. P. M. Roberts, P. S. Price, H. Chapple (October—December); H. A. Sanford, J. Walker (November 16th—February 15th).

Aural Surgeon's Dressers.— Messrs C. E. Price, H. B. Carlyll.

Obstetric Dressers.—Messrs. S. S. Brook, H. B. Carter, A. E. Lees (Dr. Horrocks); W. Johnson, L. Mandel, H. I. Janmahomed (Mr. Targett) (November—December).

Civil.

Lawry, R. C., M.R.C.S., L.R.C.P. Lond., has been appointed Medical Officer to the Penzance Union Workhouse and District.

Phillips, J. G., M.R.C.S., L.R.C.P. Lond., has been appointed House Physician to the Bethlem Royal Hospital, S.E.

Wiltshire, H. P., B.A., M.R.C.S., L.R.C.P. Lond., has been appointed District Medical Officer of the Hemsworth Union.

Naval & Military.

Staff-Surgeon J. C. G. Reed, R.N., has been appointed to the *Charybdis*, and Surgeon Stanley S. H. Shannon, R.N., to the *Arrogant*.

Lieutenant G. Carlisle, R.A.M.C., resigns his commission.

Passim.

IT is with much regret that we announce the death of Lord Aldenham, a Governor and former President of Guy's Hospital, at his residence in Hertfordshire, on September 13th. Lord Aldenham will long be remembered by the public as an energetic and generous Churchman, and as a Governor of the Bank of England. At Guy's his memory will be held dear by many who remember the tact and gentleness he showed when holding the office of President at a difficult and trying juncture. When he retired from the Presidency he was succeeded by the King, then Prince of Wales. A short account of the late Lord Aldenham's connection with Guy's, from the pen of one who knew him well, will be found elsewhere.

WE are asked to remind students, and especially freshmen, of the opening dinner of the Pupils' Physical Society, which will take place on Saturday, October 4th, at 6.30 p.m., immediately preceding the Society's first meeting of the Session. Mr. Cosmo Bonsor will be in the chair. The old House Dinner on the 1st, which used to be an annual event, has been combined for some years with the Physical Society's dinner, and has ceased to exist of itself. Tickets for the dinner can be obtained from either of the secretaries of the Society, Messrs. Mollison and Nicholson, or from the Steward of the Students' Club.

Now that the holidays are over, and that many of the older members of the Students' Club are again at home, we wish to call attention once more to the Miller Fund. We have received a letter from Mr. Croucher, who tells us that up to date £30 10s. 3d. only has been received, and that Miller is at present receiving five shillings a week from the fund. This suffices to clear him of rent, but allows him nothing for food, and of course cannot go on for long, as the amount in hand would be gone in eighteen months. We feel sure that if many of our readers realized how badly off old Miller is, and that a fairly large number of small subscriptions would place him in a far better position, they would respond at once. Never was there a more genuine and pitiful case of extreme poverty.

HIS wife, who we are told is some years his junior, has to go out and work, while the old man performs the household duties. Sooner or later the wife will lose employment, or become unable to work, and if the fund is exhausted what is he to do? Mr. Croucher, we are informed, has received nothing since July 23rd. Please send your contributions to him, and they will be acknowledged in the GAZETTE.

AT the end of this month we are to lose Mr. Hicks, who is leaving us to take up a position on the Staff at the Samaritan Hospital. As a registrar, and as a Guy's man, Mr. Hicks has made himself extremely popular at Guy's, both by his strong teaching capabilities and by his frank and genial nature. He has the rare gift of being able to combine examinational and practical work in one and the same class. Though we shall not see him for a time, we venture to strongly hope that before many years have passed he may be amongst us again, and that his name will one day appear on a panel of a certain board in the front lodge.

NEVER before can we remember such an upheaval in the roads and grass plots of the park, not even when the old Museum was removed. In parts the entrenchments of the workmen are so deep that the eye cannot judge of their exact depth. As long as the weather remains dry not much inconvenience is caused; but, ye gods! spare us from wet weather till the roads are flat again!

ALL freshmen should be acquainted with the fact, not mentioned elsewhere, that the choir in the chapel consists principally of students. All are invited to join. In order that men should not have to travel up regularly, the arrangement last year was that each member of the choir should guarantee two appearances in each month, once in the morning and once in the evening. If a sufficient number of men could be persuaded to do this, the choir would always be full, and nobody, to say the least, would be overworked. All who wish to join should communicate with Mr. R. R. Walker. There is no voice test.

The Medical Profession.

A Layman's View.

WHAT does the average layman think of the medical profession? To see ourselves as others see us is generally supposed to be a disillusioning process convicting the patient of conceit and insincerity; but others do not see only our faults and weakness with clearer eyes than we see them—they see also our strength and our virtue not quite as we see them; they see our responsibilities and ideals not quite as we see them—not professionally—but from a broader, more catholic point of view. The professional man judges himself as a professional. The layman judges him more broadly as a man.

The finest compliment paid the doctor in recent years by a layman will be found in R. L. Stevenson's dedication of his volume of poems entitled *Underwoods*. "There are men," he begins, "and classes of men that stand above the common herd: the soldier, the sailor, and the shepherd not unfrequently; the artist rarely; rarer still, the clergyman; *the physician almost as a rule.*" He goes on to claim for the doctor that "he is the flower (such as it is) of our civilisation." The reasons of Stevenson's opinion are given in one or two characteristic sentences: "Generosity he has, such as is possible to those who practise an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments; and, what are more important, Heraclean cheerfulness and courage." There are few men whose good opinion most of us would give more to secure than Stevenson's. But that is because Stevenson judges men from the human rather than the professional point of view. He asks what trades and professions turn out the finest men—the finest friends and companions, the most efficient and helpful comrades to travel with on life's road? It is noticeable that Stevenson spoke from a wide experience. He was an invalid for most of his life, and in the "dedication" quoted from above he mentions by name doctors of San Francisco, Davos, Paris, Montpellier, Royat, Nice, as well as English physicians, whom he has found notable instances of that generosity, discretion, tact and cheerful courage for which he has praised the doctor.

But it will be objected that Stevenson is not an average layman. He was an altogether exceptional judge of manhood and manliness. The average layman has sometimes pronounced differently. The famous and wise physician, Thomas Browne, of Norwich, in the beginning of his *Religio Medici,* alludes to what he calls "the general scandal of my profession," where the word scandal means ill-repute. Browne is thinking of the old proverb, "Ubi tres medici, duo athei,"—"where there are three doctors there are two atheists"—and the accusation troubled him, and indeed probably caused him to write his meditation on "the religion of a doctor." In one of his note-books he observed, with triumph, "though in point of devotion and piety physicians do meet with common obloquy, yet in the Roman calendar we find no less than twenty-nine saints and martyrs of that profession, in a small piece expressly described by Bzovius in his *Nomenclator Sanctorum Professime Medicorum.*" In the *Religio Medici* the tendency of the study of secondary causes to blind a man's eyes to the necessity and meaning of a first cause is dwelt upon, but every student of the book will find Browne's wonderfully humane and reasonable personality a great argument for Stevenson's view. Sir Thomas Browne would be claimed by Stevenson as a typical doctor. The truth seems to be that it is in the practice of his profession that the physician gains these virtues for which Stevenson praises him. His merely professional knowledge, his pure science, which has not exercised all his human faculties, or brought him into contact with men and women, will tend to narrow him and de-humanise him, but as soon as he begins to apply his science, as soon as he begins to deal with men who are attacked by pain and threatened by death, his whole nature is exercised and stimulated, and those fundamental faculties of pity and sympathy brought into play, upon which the strength and fulness of our characters mainly depend. It is a union of opposites that makes the doctor admirable. The scientific temperament in itself is cold and apathetic; the emotional temperament in itself is impatient, inaccurate, inefficient. The physician must join to accurate science the tact and sympathy which understand human nature, and can deal with it in its worse calamities. That is why the layman humours him and leans upon him, and counts him the best educated man of his generation.

Status Post-Epilepticus:

With some Examples of Automatism.

THE earliest observers noted that, in most cases of epilepsy, the seizure left in its train some disturbance, variable in degree, and for the most part psychic.

Maybe this "post-seizure" condition may be so little marked as to pass unnoticed; for example, in the majority of cases the patient, after the convulsive and comatose stages, passes insensibly into a deep sleep of varying duration, normal in most respects, awaking to take up the thread of life as if nothing had happened. Others, again, exhibit a slight restlessness, or have an air of subdued excitement, which, to any but their intimates, does not seem abnormal.

The physical signs, following an attack, Gower holds, are more or less constant; they may be summarised thus:—

Circulatory.—The pulse is indicative of a moderately high pressure. The manometer confirms this. Auscultation, at any rate up till the convulsive phase, demonstrates no abnormality; afterwards, it reflects the rise in blood pressure.

In many cases of status epilepticus peripheral hæmorrhages are by no means rare.

Urine.—The constituents of the urine show no alteration.

Temperature.—The body temperature may rise ½°—2°. In status epilepticus, where fit follows fit in rapid succession, the temperature may rise as high as 104°—105°.

Nervous system.—The state of the nervous system, as shown by the reflexes following an attack, is interesting. Westphal was the first to draw attention to it, and Beevor (Brain, 1883, vol. v.) investigated it thoroughly. He found that for a few seconds directly following a fit the limb reflexes are lost; this was followed by an increase in myotatic irritability, the knee-jerk being exaggerated and ankle clonus often present.

In the cases tabulated by him, thirteen out of seventeen patients showed the latter phase, the duration of which was from one to four minutes. He believes that the primary phase is very transitory.

Another interesting fact noted by him was that the flexor plantar reflex is temporarily lost.

The explanation of these phenomena may be that the higher governing centres are fatigued by their extra activity during the attack itself.

Vision.—It was Beevor also who pointed out that in almost all cases of unilateral epilepsy, or cases in which the muscular contractions are stronger on one side than the other, there is some conjugate deviation of the eyes.

He quotes a typical case. A patient who had between thirty and forty fits in twelve hours consistently, up to the clonic stage, had his eyes turned to the right—the convulsions were right-sided—then gradually they would roll to the left and remain so from one to two minutes.

Many epileptics have restriction of the field of vision after an attack, in some cases to as much as one-third of normal (Gower).

Of ten cases that I have questioned, eight replied that they could not see as well immediately after a seizure as before.

Post-epileptic mental states:—

(*a*) The commonest condition which ensues after an epileptic attack is, as I have mentioned, sleep; but many patients, though not actually in the sleeping stage, exhibit a lassitude from which it is difficult to arouse them. This stupor may last, if the fit occurred during the evening, well into the night, passing insensibly into normal sleep; but when the seizure takes place during the daytime, its average duration is one hour. (Reynolds.) In the *Lancet*, i., 1896, p. 355, there is quoted a case in which this post-epileptic stupor lasted for one month.

(*b*) On the other hand, the patient may exhibit a hyper-excitability, varying from an inability to fix the attention to marked exaltation and eroticism, with or without hallucinations. A schoolmaster told me of one of his pupils who had "fits,"—I ascertained later it was true epilepsy—that, after a seizure, "The boy was extremely nervous and quite unable to work until next day." Bevan Lewis quotes two cases; one in which the patient, after the convulsive phases of ordinary *grand mal*, would lie still for some minutes, would then rise and go to a certain picture, kneel down, and offer up prayers; the second would go to the same picture and reverently kiss it. Both these patients seemed perfectly conscious of the act, and they were not cases of post-epileptic automatism, but in their hyper-excited condition with, maybe, an hallucination, they consistently performed the same action. Many are the examples of exaltation with hallucination, many homicidal in character. They differ from automatism in that they are perfectly conscious acts, the patient not being able to combat some overwhelming desire; many border on epileptic insanity, but again differ from that in that they are distinctly post-seizure and not pre- or inter-paroxysmal as well. Violent hysteroid attacks have been known to follow *grand mal*. Gower tells of a case of a girl who, after a fit of two and

half to four minutes' duration, would lie unconscious for some few minutes, and would commence a typical convulsive hysteroid attack.

(*c*) After an attack a patient may exhibit symptoms paralytic in character. The disturbance is more often sensory than motor, *e.g.*, loss of taste, smell, or even speech; deafness is rare. They are usually quite transitory. A peculiar case of aphasia is recorded in that interesting book "Anomalies of Medicine." "A soldier was wounded in the American War of 1812, the bullet grazing his left ear and temple. Eighteen years later he had pain in this region (? aura) accompanied by epileptic fits. Immediately following each seizure, although normal in all other respects, his faculty for remembering proper nouns was entirely lost; *e.g.*, he would always write Louisville for Kentucky. The duration of this aphasia was variable." Apart from the transitory loss of power, as shown by the reflexes, true paralysis is very rare. The temporary loss seems to be due partly to fatigue and partly to inhibition from sensory paths, as many patients complain of tingling, etc., in the affected limb.

(*d*) In passing, mention may be made of epileptic mania. I do not intend to deal with it here, but it may be of interest to note the factors which various authorities hold may or may not influence the prognosis of the ultimate mental condition in epileptics. Reynolds and Esquirol seem agreed on the following points:—

i. Heredity is without effect.

ii. Duration and frequency of attacks do *not* tend to evil results.

iii. Females less favourable than males.

iv. Late commencement, a bad omen.

v. In *petit mal*, prognosis *not* as favourable as in *grand mal*.

Gower thinks frequency has some effect, but concludes that the personal element and environment are, perhaps, the most important factors.

(*e*) I now come to that interesting post-epileptic phenomenon, automatism; or, as called by some, the "dreamy state," in which the epileptic, immediately following a seizure, does perform, *unconsciously*, simple or complex acts. The classic case is that quoted by Dr. Hale White, in his lecture on epilepsy, of a carman who, after a fit, did unconsciously drive his cart through the busy streets of London, and awoke to true consciousness three and a half miles from the point where the seizure had ensued. It is as if the consciousness proper (the ego) was temporarily in abeyance, and another monarch, the subliminal consciousness, held sway.

The above example is open, of course, to objection in that the horse may have been a particularly intelligent one.

I have seen one case in which the patient was a stoker; he would have a seizure in the stoke-hole, passing through the tonic and clonic stages; he would then lie perfectly still for some minutes, and then, rising, would ascend the perpendicular ladder to the promenade deck. After walking up and down for some three minutes, he would stop, regain consciousness, gaze around in amazement, and flee for his life. If he was spoken to before awaking, he would turn his head towards the speaker, and, with a vacant stare, pass on.

His condition was identical with that of a somnambulist, and on being interrogated he answered that his last conscious moment was feeling the aura.

It should be noticed that this was a genuine case of *grand mal*, for this dreamy state, like most of the uncommon post-epileptic phenomena, is more frequent amongst sufferers from the *petit mal*.

Recently, in some of the French lay journals, there has been considerable discussion as to the responsibility of criminals for their deeds. I may remark here that often in this dreamy state homicidal and criminal tendencies seem to predominate. Legrand du Saulle, who for many years had huge experience amongst the Parisian criminal classes, quotes an interesting case. The patient was a working jeweller, honest, hard-working, and intelligent; he had been an epileptic since childhood; at the age of 25 the fits became more frequent, and he displayed on two occasions the following post-epileptic phenomenon. After lying still, he would rise, throw whatsoever he could find out of the window; then he would undress, descend the stairs, and enter a neighbouring house, mount to the fourth storey, turn the key in the door, and enter. When found, he was secreting any object of value he saw. Legrand du Saulle vouchsafes the genuineness of the man's condition at the time he was found, terming it "somnambulistique."

In this case, we see a man to all intents and purposes normal in mental condition, doing most complex actions unconsciously. His higher centres, maybe fatigued by the violence of the seizure, no longer dominate over the lower strata, and these in their turn run rife: or as Mercier has it, "Instead of the whole of the highest regions being uniformly and

unequally submerged beneath the flood of inactivity, certain islets are left outstanding which still retain more or less a struggling activity, while all the regions surrounding them are at rest."

One case quoted by Trowbridge (*Medical News*, Philadelphia, 1891), this "struggling activity," was so untrammelled as to give to the patient temporarily a second most distinct personality.

I have been led to wonder whether these cases of so-called "lost memory," and cases of duplex personality generally, are not overlooked post-epileptic phenomena.

While passing I must not forget to mention two post-epileptic unconscious acts which are of interest to all medical men; one, is the liability for epileptics to turn on their face after a seizure in bed; the second is vomiting, which has on several occasions led to dire results. The investigation of this automatic state is one of great interest from a medico-legal point of view.

An interesting case is reported by Bevan-Lewis (Mental Diseases) of a neurotic epileptic who committed murder under extraordinary conditions.

He was in bed with his wife, when he had a visual aura, seeing burglars in the room. Some time later he was found by a policeman, walking the streets in a vacant manner with a blood-stained hatchet in his hand. On being spoken to he recollected nothing beyond his aura, and believed he rushed away for help. Investigation showed his wife to be brutally murdered in her bed. At the inquest, evidence produced showed that he had probably had an epileptic seizure, received a suggestion from his aura, had brought a hatchet and murdered his wife whilst he was in an automatic state.

I have collected thirty-five cases of genuine post-epileptic automatism, and in each case have been struck by the very close resemblance of this phenomenon to somnambulism. As Marracëine has it: "Sleep is the resting time of consciousness," and it is as if, in one case, the master worker is normally in abeyance, whilst in the other, pathologically so. It is then that the auxiliary or subliminal mentality takes up the reins of government and performs actions simple—as the movements seen during the vivid dream of a sleeper—or complex, as the many wonders performed by somnambulists, or, in the case of post-epilepsy, the examples I have detailed above.

As our knowledge of epilepsy advances, so perhaps, may the heavy veil of mystery be raised; and with the extended pathological researches to come these phenomena may be made more clear.

L. MANDEL.

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Gower's "Nervous Diseases." Gower's "Epilepsy," 1881. Hughlings Jackson, "B. M. J.," 1874 (i.). Althaus, "B. M. J." 1883 (ii.). Beevor, "Brain," 1883 (v.). Tuke, "Dict. of Psycholog. Med." Bevan Lewis, "Mental Diseases." Gould and Pyle, "Anomalies of Medicine." Manacüne, "Sleep." Reynolds, "Epilepsy." Legrand du Saulle, "Etude sur les Epileptiques." C. May, "Journal Mental Dis.," 1889. H. C. Wood, "Nervous Diseases." Hammond, "Insanity." Von Zumssen's "Practice of Medicine." "Allbutt's System" (Gowers).

Change of Address.

Dr. A. F. Hertz, from Guy's Hospital to 16, Lower Seymour Street, W. Telephone, 6543 Central.

Dr. F. E. Hutchinson, from Belgrave, Leicester, to "Hawarden," Mellon Road, Leicester.

Mr. H. E. Marsh, L.D.S., from Orchard House, Maidenhead, to Dental Hall, University of Pennsylvania, Philadelphia, Pa., U.S.A.

Dr. J. G. Phillips, from 7, Princes Street, Cavendish Square, W., to Bethlem Royal Hospital, S.E.

Dr. Bernard Scott, from Hartington, Bournemouth, to "Stagsden," West Cliff, Bournemouth.

Mr. Norman B. Soper, L.D.S., from 1, King Street, Dover, to 6, Folkestone Road, Dover.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

Papers by Guy's Men.

Chronic Suppuration of the Middle Ear. By W. H. Bowen, M.S. Lond., F.R.C.S. Eng.—*The Clinical Journal*, 11th September, 1907.

A Case of Double Depressed Fracture of the Skull and Pneumothorax (under the care of Mr. W. H. Bowen, M.S., F.R.C.S.). By W. Norman May, M.D., B.S. Lond.—*The Lancet*, 7th September, 1907.

An Address on the Empirical and Experimental Methods in Medicine. By Robert M. Simon, M.D. (Camb.), F.R.C.P. (Lond.).—*British Medical Journal*, 14th September, 1907.

Lectures* for Sessions 1907—1908.

WINTER SESSION. OCTOBER—MARCH.

†	LECTURERS.		DAYS.					
Anatomy (1st & 2nd)	Sir Alfred Fripp and Mr. Steward ...	9	—	Tu	W	Th	—	—
Microscopical Pathology (3rd) ...	Dr. Boycott, Dr. Eyre and Dr. Wedd...	9	—	Tu	—	—	Fri	—
Pathological Classes (3rd & 4th)	Dr. Fawcett and Mr. Rowlands ...	9.15	—	—	W	Th	—	Sat
Bacteriology (Jan. to Mar.) (4th)	Dr. Eyre and Dr Wedd	4	—	Tu	—	—	Fri	—
Practical Obstetrics (3rd & 4th)	Mr. Davies-Colley (Oct. and Jan.) ...	12	—	—	—	Th	—	—
Chemical Physiology (Jan.) (2nd)	Dr. Pembrey, Mr. Ryffel & Mr. Laidlaw	11	—	—	—	—	Fri	Sat
Chemistry (1st and pre. sci.) ...	Dr. Wade	12.15	—	Tu	—	Th	—	—
Practical Chemistry	Dr. Wade, Mr. Ball and Mr. Merriman	10-12	—	Tu	—	Th	—	—
Advanced Practical Physiology (3rd)	Dr. Pembrey, Mr. Ryffel & Mr. Laidlaw	11	M	—	W	—	—	—
Practical Medicine (3rd) ...	Dr. Mann and Mr. Cameron	12	—	—	—	Th	—	—
Experimental Physics (pre. sci.)	Dr. Fison and Mr. Merriman	12	M	—	—	Th	—	—
Chemical Physics (1st)	Dr. Fison	2	M	—	W	—	Fri	—
Practical Surgery (3rd)	Mr. Hamilton and Mr. Bankart ...	12.30	—	Tu	—	—	Fri	—
Physiology (2nd)	Dr. Pembrey (Oct.-Dec.)	10	M	—	W	—	—	Sat
Clinical Medicine (3rd & 4th) ...	The Physicians	4	—	—	—	Th	—	—
Surgery (3rd)	Mr. Symonds, Mr. Lane and Mr. Dunn	9.30	M	—	W	—	—	—
Clinical Surgery (3rd & 4th) ...	The Surgeons	1.30	—	—	W	—	—	—
Elementary Biology (1st) ...	Mr. Assheton, Dr. Stevens & Mr. Thompson	10.30	—	—	W	—	Fri	—
Morbid Anatomy (3rd & 4th) ...	Dr. Fawcett and Dr. French	2	M	Tu	W	Th	Fri	Sat(12)
Medicine (3rd)	Dr. Hale White, Dr. Pitt, Sir C. Perry, and Dr. Shaw.	4	—	—	W (3)	—	Fri	—
Ophthalmic Surgery (Jan.) (4th)	Mr. Eason	4	—	—	W	—	—	—
Public Health (Jan.) (4th) ...	Dr. King Brown	4	M	—	—	—	Fri	—
Anæsthetics	Mr. Rowell (Dec.)	—						
Dental Surgery and Pathology...	Mr. Wynne Rouw	4	—	—	—	Th	—	—
Metallurgy	Dr. Wade	4	M	—	—	—	—	—
Practical Dental Metallurgy ...	Mr. Hopson (Jan.)	2.30	—	Tu	—	—	—	—
Dental Anatomy & Physiology...	Mr. Maggs	4.30	—	—	W	—	—	—
Dental Mechanics	Mr. Lewin Payne (Oct.–Dec.) ...	4	—	Tu	—	—	—	—
Practical Dental Mechanics ...	Mr. Pillin (Jan.)	2.30	—	—	—	—	Fri	—

SUMMER SESSION. MAY—JULY.

†	LECTURERS.		DAYS.					
Medical Jurisprudence (3rd & 4th)	Sir Thos. Stevenson	10	—	—	W	—	Fri	—
Midwifery (3rd)	Dr. Horrocks and Mr. Targett	9	—	Tu	W	Th	—	—
Diseases of Women	Dr. Horrocks and Mr. Targett	9	—	—	—	—	Fri	—
Pathology (3rd)	Dr. Boycott	9	—	—	—	—	—	Sat
Mental Diseases (3rd)	Dr. Craig	9.30	M	—	—	—	—	—
Bacteriology (May & June) (4th)	Dr. Eyre and Dr. Wedd...	4	—	Tu	—	—	Fri	—
Practical Obstetrics (3rd) ...	Mr. Davies-Colley	12	—	—	—	Th	—	—
Biology and Botany (pre. sci.) ...	Mr. Asheton, Dr. Stevens & Mr. Thompson	2	—	—	—	Th	—	—
Physiology (2nd)	Dr. Pembrey	9.30	M	—	W	—	—	Sat
Histology (1st)	Dr. Pembrey, Dr. Hertz & Mr. Cameron	10.30	M	—	W	—	—	Sat
Practical Surgery (3rd)	Mr. Hamilton and Mr. Bankart ...	12.30	—	Tu	—	—	Fri	—
Practical Medicine (3rd) ...	Dr. Mann and Mr. Cameron	12	—	—	—	Th	—	—
Experimental Physics (pre. sci.)	Dr. Fison and Mr. Merriman	12	M	Tu (2)	—	—	—	—
Clinical Medicine (3rd & 4th) ...	The Assistant Physicians	1.30	—	—	W	—	—	—
Clinical Surgery (3rd & 4th) ...	The Assistant Surgeons	1.15	—	—	—	—	Fri	—
Morbid Anatomy (3rd & 4th) ...	Dr. Fawcett and Dr. French	2	M	Tu	W	Th	Fri	Sat(12)
Materia Medica (2nd)	Dr. Beddard	4	M	Tu	—	—	Fri	—
Anæsthetics	Mr. Rowell (June)	—						
Operative Dental Surgery ...	Mr. Parfitt	2	—	Tu	—	—	—	—
Chemistry	Dr. Wade	9.30	—	Tu	—	Th	—	—
Practical Chemistry	Dr. Wade, Mr. Ball and Mr. Merriman	10.30	—	Tu	—	Th	—	—

* No effort has been made to include the many demonstrations or practical work.

† The numbers in this column refer to the years in which this course should be attended.

The Sciences.

Anatomy and the Dissecting Room.

How to begin Work.

A great many freshmen have already passed their preliminary examinations in Chemistry and Biology before they come up to Guy's. They are then ready to commence the study of two most important subjects—Anatomy and Physiology.

For the help of these new men, it is proposed to give such instructions as they may need in beginning the work of their first winter session at Guy's. It will be assumed that they have already decided what the general course of their study is to be; that is, briefly, whether they are going in for the Preliminary Scientific Examination of the London University or not. Information on these matters is readily obtained at the Medical School Office, and any student who is not clear in his mind as to the examination he has to prepare for, should read carefully pages 92–96 in "the green book."

Under the Five Years' Regulations of the Conjoint Board, the first object of the student (entering, for instance, in October, 1907) is to pass the examinations in Chemistry and Biology, as failure to complete these by the following March (*i.e.*, 1908) must postpone the date at which the Second Conjoint should be passed (*i.e.*, April, 1909), *vide* par. 6, p. 377, so that students are advised, unless they have passed either one or both of the above subjects before entering the hospital, or are unusually well versed in the subjects for these examinations, to postpone dissecting until one or both (Chemistry and Biology) have been completed.

What follows refers, therefore, only to those who intend to undertake their dissections at once.

Tuesday, October 1st.—There is no actual work done on this day, but each student who is ready to dissect (*vide supra*) should pay his fee for anatomical material in the Medical School Office, and then interview the Senior Demonstrator in the dissecting-room and see that his name is put down for a "part." He should then study the Red Book—which contains the rules of the dissecting-room—and purchase the necessary instruments and the other paraphernalia therein indicated. Any spare time is well spent in learning where the museums, class-rooms, and theatres are situated. The ground plan at the front of the "green book" will show them at a glance, and serve as a very efficient guide.

Wednesday, October 2nd.—At 9 o'clock in the morning the start is made, and we get our first introduction to the duties of hospital life at a lecture by Sir Alfred Fripp in the anatomical theatre, and at 12 o'clock a demonstration is given to all first year's men by the Senior Demonstrator (Mr. Turner) in the small theatre attached to the dissecting-room, when the way to work in the dissecting-room is fully explained.

To find a "Part."

Look down the list of names on white cards which are suspended upon the wall of the dissecting-room opposite each subject or body. Be careful to take the proper side (right or left) which is allotted to you. If you fail to find your name on these cards, make yourself known and report the fact to one of the demonstrators present. The next thing is to obtain a bandage and cloth from the attendant (Hancock), who will be found in a room outside the dissecting-room. With these the "part" must be covered up at once to prevent the skin from drying. If the "part" is a limb, bandage it firmly from the hand or foot upwards as far as the bandage will go, and cover the remainder with a cloth, *but be careful to leave the metal ticket exposed to view. This ticket must on no account be removed.*

The Requisites for Dissection.

The following articles are essential, and must be purchased at once:—

a. Case of instruments. This should contain at least four knives, forceps, scissors, hooks, needle and blowpipe, and can be obtained from Hancock, the dissecting-room attendant, or at Messrs. Down Bros., of St. Thomas's Street; Messrs. Arnold & Sons, West Smithfield; Messrs. Maw, Son & Sons, Aldersgate Street; or Messrs, Allen & Hanbury, Plough Court, Lombard Street. Price about 15s. to 20s.

b. Books. These are obtainable at Grattan's in the Borough High Street, next door to the post office. It is advisable to obtain *Cunningham's Practical Anatomy* (2 vols. 10s. 6d. each) for use in the dissecting-room, which show how to proceed and what is met with in the course of dissection; *and* one at least of the standard text-books, viz., Gray, Cunningham, Morris, or Quain's Text Book. The inquirer will hear their merits compared at the introductory lecture and demonstration; if still in doubt he should consult personally one of the demonstrators, and take with him any old text-book he may possess for inspection and advice as to its use.

c. An apron and sleeves for the sake of protection and cleanliness. These are sold by Hancock. Any old coat may be worn under them. Instruments, books, apron and coat must be safely put away in a locker provided for the purpose; the key is obtained by making a deposit of 5s. at the Medical School Office. During the day hats and coats are kept at a special cloak-room under the Wills Library.

d. A disarticulated skull and a half skeleton. (*See below.*)

With regard to all the necessary articles mentioned above in a, b *and* d, *it is well to point out to new students that many men who have just completed their anatomical studies may wish to dispose of some of the above articles second-hand, and new students may obtain information about, and details of such things, to be bought from the Librarian or Hancock, with whom such things are usually lodged.* Before completing any such purchase it is always best to make sure that the books are of the last edition published and that the instruments are reliable, points on which any of the demonstrators will gladly give advice.

How to Dissect.

The instructions given on this point in the text-books are by no means clear to anyone who is working in the

dissecting room for the first time. He finds quite a new language in use, and no explanation of it in the margin. Thus, he is told to "make an incision," instead of "cut"; to "reflect the integument," for "turn back the skin"; "anterior and posterior," instead of "in front and behind." Not a little of the difficulty and dulness attaching to anatomical description depends on the need of a mental translation of the language in which they are written.

To deal fully with the skilful act of dissection is unnecessary here, and we will merely give such short directions as are needful for the work of the first two or three days. The objects of dissection are—firstly, to educate the sense of touch, and to teach the hand and the eye to work together in delicate manipulation; and secondly, to enable the student to see and handle the different structures that he reads about in his books. The following advice may be given:—

1. Take your book (Cunningham) by which you intend to dissect and read over the pages giving directions for the skin incisions to be made in that particular part you are about to dissect.

2. Cut through the skin along the lines given in the books.

3. Turn back *the skin only*, leaving the fat upon the body. This is done by holding the knife obliquely with its edge towards the skin.

4. Take away the fat carefully without damaging the dense white layer which covers the muscles.

5. Clean the surface of the muscle. To do this make the muscle taut by moving the limb, or pulling on it with hooks; then with the point of the knife clear away everything covering the muscle by working *with* its grain or fibre, *not* across the fibres.

6. Before taking any fresh step in your own dissection get a notion of the arrangement of the parts you are going to expose, either from another man's part, or from the "pickle-room," or wax model museum preparations. *Most important of all, never remove any structure until you have obtained a good mental picture of it, and have also read in your book the description of it, and have satisfied yourself you know it.*

7. Work very slowly at first. To turn back the skin carefully is quite enough to occupy the first day's work-time.

8. Cover the "part" up with a cloth before leaving it for the night.

The student should, on the first day, ask one of the Demonstrators for a copy of the Red Book, which contains the rules of the dissecting-room, and also much useful information as to classes which must be attended, and particulars of the School examinations.

The first year's man will find that he has first of all to dissect an arm or a leg. Having found his part, he should next examine the notice board, where he will find particulars of the bone classes which are held twice a week by Mr. Mollison and Mr. Thompson. He must attend the classes on the part he is dissecting, and at these he will find the anatomy of the bones and muscles he is dissecting fully explained.

OSTEOLOGY.

A thorough knowledge of the bones is the basis of anatomy, and hence the subject cannot be too carefully studied. The student will find that to know his bones well is of importance, not only in the School Elementary Anatomy Examination, but also for the Second Conjoint, Intermediate M.B., Primary F.R.C.S., and even for the Final Examination in Surgery.

Like other branches of anatomy, it must be learned practically—by handling the bone, reading the description of it, and noting the various marks upon it, each one of which has its meaning. In order that the bones may be studied at home as well as at the hospital, it is very important that each student should possess them. Half sets of bones, that is, the skeleton of one side of the body with the spine and head, can be obtained second-hand at a very moderate outlay, and if carefully used they will at the end of the course readily fetch half the original cost, or even more. Some very useful half-sets (second hand) may usually be obtained at a moderate price on application to Hancock. If these are disposed of at the end of the Second Conjoint Examination for half the price, it follows that the immense advantage of having the bones always at hand while preparing for the examinations is obtainable at the expense of a few shillings.

In selecting a half-set of osteology it is as well to have some advice, which will be readily given by one of the demonstrators. See that the half-set is complete, and that each bone is of the *same* side. Avoid "the nice white bones," which dealers always charge extra for, and choose the rougher, better marked and dirtier ones. The preparation which makes them white does away with many of the marks and ridges which have to be studied. With regard to the disarticulated skulls, try the separate bones and see whether they fit into each other properly, as it is not uncommon to find skulls offered for sale, the bones of which have come from different subjects, and hence cannot be articulated.

It may be necessary to caution men against neglecting the subject during their first year: they will find the second year's work quite heavy enough as it is, and moreover may suffer the mortification of being spun in the school elementary anatomy examination at the end of the first winter session, if they neglect the bones in their first term's work.

DENTAL STUDENTS.

A dental student, on entry, must pay the fee (10s. 6d.) for material at the Medical School Office, on October 2nd, between 10 a.m. and 1 p.m., so that a part may be allotted to him at the earliest opportunity. He should obtain a copy of the rules of the dissecting-room, and study those paragraphs which specially concern him. He should be careful not to miss the demonstration given by Mr. Turner to first year's students, on Tuesday, October 1st, at 12 noon.

It is very important for first year's dental students to commence their anatomical studies without delay. During their first six months they should dissect the upper and lower extremities, and attend the bone classes held by Mr. Mollison and Mr. Thompson throughout the winter and summer sessions. They should pass the elementary anatomy examination at the end of their first six months if possible, or failing this, not later than nine months from their entry at the hospital. The subjects of this examination are:—

1. All the bones and ligaments.
2. The muscles and fasciæ of the upper and lower extremities.

Having passed the elementary anatomy examination, dental students are allotted a head and neck, in which they are expected to dissect, besides the muscles and ligaments, the vessels, nerves, and other soft parts, and also to acquaint themselves with the anatomy of all the special regions of this part, *e.g.*, the orbit, mouth, pharynx, etc.

Mr. Mollison holds special classes for these students, throughout the winter session, in the dissecting-room theatre, once a week, and a test examination is held on the work at the completion of the dissection and the course of demonstrations. It will be agreed that the second dissection is even more important than the first, and it is well to realise that, as the work done by each man is noted and marked every week by Mr. Mollison, and men are only signed up for the necessary session's work when these marks are satisfactory, that careful and conscientious dissection, punctual attendance at demonstrations, and industrious reading up of all the work, must be begun as soon as the dental student enters the dissecting-room, and continued until the subject is mastered.

It is very essential that the study of anatomy, physiology, and surgery should be prosecuted energetically from the outset, thus obviating the necessity for "cramming" these subjects when preparing for the Final L.D.S. examination. Careful and patient dissection is the easiest way to learn Anatomy. An attempt to "cram" it from books is certain to result in disaster.

PHYSIOLOGY.

Physiology, which treats of the working of the healthy body, and forms, therefore, the institutes of medicine and the necessary foundation of any rational mode of treatment of the body in disease, differs from its sister subject, Anatomy, in that it requires much greater intellectual efforts for its acquisition, and a more thorough preliminary training for the comprehension of its doctrines. Physiology consists chiefly in the application of the natural laws elicited by the researches of physicists, chemists and biologists to the explanation and description of the phenomena occurring in the living body, so that an acquaintance with the chief laws of physics, chemistry and biology forms the necessary basis for the study of physiology. The study of the nervous system, moreover, requires some knowledge of psychology. The difficulty and importance of the subject would seem to indicate, in the clearest possible manner, the necessity of pursuing its study throughout the short space of two years which are devoted to the subjects that are preliminary to the work in the wards. On this account, the student beginning his medical studies in October must give all his energies to getting up his biology in order to pass in it at the earliest possible opportunity, and he may profitably combine with the biology lectures and classes the reading of some physiology, such as Huxley's *Elementary Lessons in Physiology*, or the smaller works on the same subject by B. Moore and by Foster and Shore. He is advised to attend the physiology lectures at this time, but cannot be "signed up" for them.

By the ordinary student the practical study of the subject included under the heading "Physiology" is begun in the first summer session. During the whole of this session he must attend the classes in Practical Histology. These are held in the students' histological class-room three times a week; each class lasts two hours. Students attending this course must provide themselves with a compound microscope, certain mounting materials (a list of which can be obtained at the office), and with Schäfer's *Essentials of Histology*, which should be carefully studied in the intervals between the classes.

At the end of the summer session an examination is held in histology. All students who have attended this class must enter for the examination. Only those who pass the examination will be allowed to attend the tutorial classes in physiology held during the second winter session in preparation for the examinations of the Conjoint Board. Those who fail at this examination will be examined in the following session.

During the first summer session and the first half of the second winter session, the student should attend regularly the lectures on physiology held three times a week, on Mondays, Wednesdays, and Saturdays. During the same time those who have passed the histology examination at the end of the previous session should attend the tutorial classes held by one of the demonstrators throughout the session. At the same time he should read up the subjects in some text-book such as Starling's *Elements of Human Physiology*, or Halliburton's *Handbook of Physiology*.

During the winter session, *i.e.*, from January to March, students must attend the classes in practical physiology, which are held on Friday and Saturday mornings from 11 to 1. From October to Christmas physiological chemistry is worked at in the room devoted to that subject. While attending this class, they are recommended to read up the subject in *Practical Physiology* (published by Arnold) which is used in the practical work. From January to March the class is held in the histological Laboratory, where the student becomes practically acquainted with physiological apparatus, and performs simple experiments.

Students who have been diligent in following this course of studies will be ready to enter for the second Conjoint examination at the end of this session. Shortly before this examination, a test examination is held by

the demonstrators in order to judge of the fitness of the candidates. Those who fail to pass the Second Conjoint at this time must attend the revision classes held by the demonstrators during the two or three months preceding the July and January examinations of the Conjoint Board.

Certain modifications in this course of studies is necessary for those who are going up for the M.B. of London or other Universities. Having passed their preliminary scientific before entering, they are free from the study of biology during their first winter session. They should therefore attend the physiological lectures during this session, at the same time studying the subject in Starling's *Physiology*. In their first summer they attend the histology classes, and read Schäfer's *Essentials of Histology*. During their second winter, they should attend the class in advanced practical physiology, which is held twice a week, each lesson occupying between two and three hours. During this session they are recommended to read up the subject in Stewart's *Manual of Physiology* and use *Practical Physiology* in the advanced practical work. This class should also be attended by candidates for the first F.R.C.S. examination, although in their case attendance may often be profitably postponed until the third winter session. The reading for this examination is similar to that required for the Intermediate M.B. of London.

Those who are desirous of obtaining distinction at the Intermediate M.B. should supplement the course of reading already indicated with original papers in the *Journal of Physiology* and with parts of Schäfer's *Textbook of Physiology* and *Recent Advances in Physiology and Biochemistry*, edited by L. Hill. Such students will also find parts of Foster's *Physiology* extremely useful and suggestive. University students should also attend the advanced lectures given on Physiology for the London University.

Revision classes are held by the demonstrators during the two months preceding the first F.R.C.S. and first M.B. examinations for the special preparation of candidates for these examinations.

List of books recommended:—

FOR COLLEGE MEN.—Schäfer's Essentials of Histology; Starling's Elements of Human Physiology, or Halliburton's Handbook of Physiology; Practical Physiology, published by Arnold.

FOR UNIVERSITY MEN.—Stewart's Manual of Human Physiology; Embryological parts of Quain's Anatomy.

BIOLOGY.

The course of instruction for the Preliminary Scientific of the London University M.B. examination consists of lectures which are given on Wednesday and Friday at 10.30 a.m., and on Thursday at 2 p.m., and of demonstrations and practical work on Wednesday and Friday mornings 11.30 to 1.30, and on Wednesday afternoons 2 to 4 p.m. The course of lectures naturally includes all the types required for the Preliminary Scientific (M.B. London) Examination, and a printed syllabus of these lectures is given out at the beginning of the session. The Biological Laboratory is open at all times between 8.30 a.m. and 5 p.m., so that students may revise their work and complete any part they may have been unable to finish in the regular hours. Those students who are preparing for the Biology examination of the Conjoint Board of the Royal College of Surgeons and Royal College of Physicians will attend certain of the above-mentioned lectures, which are specially noted in the above-mentioned syllabus. The practical work for Conjoint Board students is nominally carried out on Wednesday and Friday mornings, but it is always open for these students to attend on Wednesday afternoons if occasion demands. The practical class is held immediately after lecture in the Biological Laboratory. The requisite instruments, books, etc., for this course should not be purchased until after consultation with the lecturer, who will advise as to these in the first lecture. It is especially recommended that the purchase of a microscope should be postponed until after consultation with the lecturer, because a microscope has to serve throughout a student's career, and indeed afterwards as well, and it is important that an efficient instrument should be acquired in the first instance.

The first lecture will be given on Wednesday, October 2nd, at 10.30 a.m. T. G. S.

CHEMISTRY AND PHYSICS.

The student may possibly be tempted to regard Chemistry and Physics as entirely preliminary studies, and therefore of little further interest or importance to him when once the examinations in these subjects have been passed. For many reasons this is an entirely mistaken attitude to adopt. An understanding of the principles of Chemistry and Physics is essential to the study of Physical Chemistry and Organic Chemistry, and these two latter subjects are of great and continually increasing importance, not only in Physiology, but also in the wards. Moreover, the exact methods of work, acquired over the preliminary subjects, will be found later on to be of the greatest use.

It is not possible to learn either Chemistry or Physics without practical work; lectures and reading are valueless unless accompanied by a large amount of work in the laboratory. For this reason the Chemical Laboratory is open daily from 10 a.m. until 5 p.m., so that a student may work there at times other than those officially assigned to practical work.

Notes should be taken, especially of practical work; if not too fragmentary they will be of great use in revision.

For the First Conjoint and Dental Preliminary Science examinations only six months' work is required, but a student entering with no previous knowledge of Chemistry and Physics will find that time hardly sufficient. The Chemistry required includes both inorganic and organic.

Candidates for the Preliminary Scientific (M.B.) examination of the University of London take a full

year's course of Inorganic Chemistry and Physics, the Organic Chemistry being deferred to a later stage. A large amount of practical work is required in both subjects, and whatever mathematical knowledge a student may possess will be of great service in his Physics.

Part II. of the Preliminary Scientific (M.B.) examination consists entirely of Organic Chemistry, and should be taken in the succeeding year. Here, again, practical work is of paramount importance, and the student should attend regularly at the laboratory from the outset.

Chemistry and Physics lectures start on Tuesday, October 1st, at 12.15 p.m., and students should go to the Chemical Laboratory on that day, at 10 a.m., to receive their lockers. Organic Chemistry students should receive their lockers on Thursday, October 3rd, at 2 p.m.

PRACTICAL PHARMACY, MATERIA MEDICA, AND DISPENSING.

One of the many important things all medical students must know is how to write a prescription; it may even be necessary for the majority, when qualified, to know how to dispense the same, so that the student will do well not to neglect acquiring as much knowledge of this subject as he can.

The principles underlying the art of prescribing are comparatively few and are quite easy to grasp, especially to the man who remembers his chemistry, and has, in addition, some general idea of the chief physical properties of the substances commonly used in medicine. In addition, a considerable amount of purely memory work and application is required in studying the doses and preparations of the drugs in use.

The student is taught practically the methods of prescribing, he practises writing prescriptions for combinations of drugs with due regard to incompatibility, and he is taught how to dispense the prescriptions he has himself written.

The course covers the syllabus of the Practical Pharmacy of the Conjoint, the Intermediate M.B. Lond., and the Third M.B. Cantab.

During the year there may be three courses of three months each, should a sufficient number of students require instruction, which is given in the practical pharmacy class at the Dispensary by Mr. Finnemore, the Hospital Pharmacist.

PHARMACY, PHARMACOLOGY AND THERAPEUTICS.

Lectures are given during the summer session in the new theatre, by Dr. Beddard. This course is intended to meet the requirements of students preparing for the third Conjoint examination in Pharmacology and Therapeutics, for the Intermediate M.B. and Final M.B. Lond., and the Third M.B. Cambridge.

THE MEDICAL WARDS.

Work in the medical wards is taken in two sections of three months each, with an interval of three months, during which time the post of assistant surgeon's dresser is held, together with that of assistant physician's clerk.

A few words of advice to the oncoming medical ward clerk may not be out of place. In the first place we would urge him most strongly *not* to take his "manual of medicine" and read it through from cover to cover. He should, however, endeavour to become thoroughly acquainted with those diseases which he finds examples of in the beds which have been allotted to him.

Secondly, he must become familiar with the various physical signs indicative of disease in the various organs of the body, comparing his own cases with others which he finds in the wards. Too often the keen and energetic clerk is so busily engaged in noting and learning signs of disease that he neglects to observe and remember appearances and landmarks which may be, or are, compatible with perfect health. We would advise him, therefore, to listen to the "normal" heart as well as to the "failing" heart, to become accustomed to the normal vesicular murmur before he begins to grapple with the mysteries of "bronchial breathing."

Thirdly, we would strongly advise him to make a friend of his particular house-physician, from whom he will obtain many "tips" and "wrinkles" which will prove of immense value to him for all time, smoothing over rough places in the stony ways of medicine, and clearing up abstruse questions which have arisen as a result of his reading.

From his house-physician, also, the medical ward clerk will learn when a "tapping" will take place, when an urgent venesection will be required, or of the necessity for the surgeon's knife. In fact, if he be only willing and energetic, he will find the house-physician a complete "medicine-book" as well as a most kindly friend.

The arrangement for work in the medical wards is as follows:—The registrars are two in number; one is attached to the beds of Dr. Hale White and Dr. Shaw, the other to the beds of Dr. Pitt and Sir Cooper Perry. Each registrar makes a formal round four times in the week. While one registrar is in the wards, the other is giving advice in the clinical laboratory or assisting at the more lengthy examinations in the wards. When the registrar visits any bed, the medical ward clerk responsible for the report of that bed MUST be present with rough notes of the history of the case, and he should, if possible, be able to describe the physical signs of disease. These rough notes should subsequently be neatly copied into the report sheet, in order that the physician may inspect them upon his visit to the wards in the afternoon. After the visit of the physician, the ward clerk should at once enter the remarks made by the physician, and also the diagnosis, if the latter has been made. Only the physician's diagnosis is to be entered in the report.

The registrars begin their morning round at a quarter-past ten; they leave the wards at a quarter-past twelve,

in order that dinners may be served. The wards, however, are open to the ward clerks until one o'clock, when they are closed for nursing purposes until half-past one. We mention this point because of late there has been some misunderstanding. The boards which are hung upon the doors of the wards at mid-day, indicate that the wards are closed to visitors.

In compiling his report, the ward clerk should be brief and thorough; he should avoid being "long-winded." He should pay attention to "family history," which may indicate a predisposition to disease, and he should make a careful summary of the previous illnesses from which the patient has suffered, consulting, if necessary, the records which are kept in the medical registrar's room.

Whenever possible, he should attend the post-mortem examinations which are held daily, and he should *always* be present at the autopsy of any case the record of which he has been keeping. The abstract of such autopsy is subsequently to be obtained from the post-mortem room and copied into the medical report.

With regard to books, we would recommend him to obtain Taylor's "Practice of Medicine," and "Clinical Methods," Hutchinson and Rainy. Later on, during his second term of office, Osler and Allchin may claim his attention.

PATHOLOGY.

As soon as a student has passed his Second Conjoint or Intermediate M.B. examination, he should begin his study of pathology. Without a sound knowledge of this science it will be impossible for him to acquire any useful knowledge of either medicine or surgery. It is only by following out his cases to the bitter end when he is a medical ward-clerk, that he will see the anatomical changes produced by the diseases of which he has been learning the symptoms and the treatment in the wards. He will also begin to understand the snares and pitfalls that beset the path of the physician, and will often come back from the post-mortem room a sadder and a wiser man. He can, therefore, never be too emphatically urged to attend the autopsies on every one of his cases, and to spend as much time as possible in the post-mortem room. Autopsies are conducted every day of the week at 2 p.m., by Dr. Fawcett and Dr. French, whose custom it is to draw the attention of the student to any changes that may be found. Again, a sound knowledge of surgical pathology will lighten the student's labours during his time in the surgical wards. It may well be said that no man can be a surgeon unless he is a good pathologist. He is expected to know the various forms of new growth and the relative frequency with which they occur, and the rapidity of their course in the different organs of the body. Having arrived at this diagnosis, he can remove the tumour and subject it to a microscopical examination, when his joy will be great at the accuracy of his diagnosis.

In order, then, to gain a useful knowledge of the naked-eye appearance of pathological conditions, he should spend as much time as possible in the post-mortem room, and also examine the excellent collection which is kept in the museum. Here the result of the autopsies and operations of many years are presented to him, and he need only examine the specimens and read their descriptions in the catalogue in order to gain a far sounder knowledge than can be acquired from text-books. He should also attend Dr. Fawcett's class on medical pathology and Mr. Rowlands' surgical pathology, which is held three times a week during the winter session. These classes consist of demonstrations on the naked-eye appearances of diseased organs, and are illustrated by specimens from the museum and the post-mortem room. They are held in the morning, and only last half an hour, so as to clash as little as possible with clinical work.

Equally important is a knowledge of microscopical pathology, since it is often impossible to give a correct diagnosis of a tumour, until its histology has been examined. A class on this subject is given during the winter session by Dr. Boycott and Dr. Eyre. The first six weeks are devoted to a study of the pathogenic micro-organisms and the remainder of the time to the examination of microscopic slides of the more important diseases. A student should attend this class as soon as possible after entering the wards, for he will there acquire a good groundwork which he will be able to enlarge upon as he goes along.

In order to learn something of the principles which underlie pathology, the student should attend the lectures on general pathology which are held twice a year, in May and October, and are adapted for the requirements of candidates for the first part of the Third M.B. Cantab., and the final M.B. of Oxford and London Universities.

There is no text-book that covers the whole field of pathology. New discoveries are continually being made. Attendance on a course of lectures and demonstrations, in which the newest work is taught the student, will therefore be much more valuable to him than the perusal of any book. Should he wish to supplement his knowledge, he can do so by reading many of the articles in Allbutt's "System of Medicine," first and foremost among which is Adam's Treatise on Inflammation. He will also gain much help from Green's and Lazarus Barlow's Manuals. Muir and Ritchie's text-book on Bacteriology should be read by those who are attending Dr. Eyre's course. Strangeway's Practical Morbid Anatomy will be found useful to acquire technique, especially by Cambridge men, as they are allowed to bring it into the practical part of the first part of the Third M.B.

BACTERIOLOGY.

The compulsory course in Bacteriology forms part of that in Microscopical Pathology. As in previous years, October and November will be devoted to practical instruction in the rudiments of bacteriology as applied to medical diagnosis. To this end the members of the class study the methods of staining sputum, pus, etc., to demonstrate bacteria; the methods of collecting morbid products for bacteriological investigation; in

fact, the technique pertaining to all the various examinations which can be undertaken in connection with the ward work.

Consequently, Bacteriology should be regarded not as a compulsory subject of merely scientific interest, but as one which has an important and ever-present bearing upon diagnosis, and upon treatment. This course should therefore be taken as early as possible during the period of clinical study, and if time permits should be followed by one or other of the two optional advanced classes.

These optional systematic courses, each of about two months' duration, beginning in January and May respectively, are especially intended for Final M.B. men, and candidates for the various diplomas in Public Health. A course consists of lectures and demonstrations on the morbid secretions and excretions, and pathogenic protozoa: the study of recent work on susceptibility, immunity, and allied subjects, and the bacteriology of water, milk, air, food, etc. The students are instructed in the practical details of media making, culture and staining methods, and they individually examine the more common pathogenic and non-pathogenic bacteria.

THE SURGICAL WARDS.

In the surgical wards there is a division of labour, and corresponding to this division, the appointments fall into two classes—clerking and dressing. The student's first introduction to clinical work is as clerk in the surgical wards, and it is not unlikely that he may, on his first entry, be a trifle discouraged. The reasons for this are obvious. Entirely ignorant of surgery and even of the terms in common use, he is at once required to write full accounts of the cases admitted to the wards. He will find, however, that by paying attention to the advice we give him, his difficulties will be found to be anything but insurmountable.

Being the junior appointment in the hospital, there is a tendency in the minds of some, and a little more than a tendency in the minds of others, to belittle the post. That is unjust, and is the result of ignorance of the real functions of the surgical clerk. What the medical clerk is to the medical side, the surgical clerk is to the surgical side. The post is junior in point of time, but does not necessarily carry with it any stigma of inferiority. Their duties are identical: the preparation of the permanent hospital records of the cases admitted to the wards. What difference there is consists in this: the machinery of the medical side is less complicated than that on the surgical; whereas the whole of the work in the medical ward falls on the clerk, in the surgical wards it has been found advisable to specialise and to separate—for the sake of greater proficiency—the duties of clerking and dressing. This separation has thoroughly been justified by the results, the chief difficulty being the dependency of the clerk on the dresser for many details of importance. Dressers should, therefore, remember that from them the hospital expects such assistance as will render the reports as complete as they can be made. On the clerk, however, rests the responsibility, and the excellence of his reports is a sure indication of smooth working and mutual assistance in the firm to which he belongs.

The most important point for a clerk to remember is that in after years cases and not book work will form his mainstay in practice, and that he cannot too soon get the clinical entity and results of treatment into his memory.

The appointment of an overseer to each firm of clerks in the person of a clinical assistant in the surgical wards is of inestimable value, primarily to the clerks, secondarily to the whole firm. The clinical assistant should be the immediate "ear" of all his clerks, to instruct them in their duties in the wards, also relieving the surgical registrar of many details in the filling in omissions of the reports of his firm.

We do not wish to exalt the clerk unduly, but to insist merely that in his work the same care and attention to detail, the same knowledge of surgery and human nature, are as necessary as in other appointments. Let him bear in mind that to him is given by the hospital the task of keeping its records. These are bound and kept, and by his work thus perpetually in evidence a man is judged. Bad reports are a lasting disgrace; good reports a lasting honour. The importance of good careful work by the clerks cannot be over-estimated. In the nature of things it cannot be perfect, but it must be as perfect as he can make it. By his first work in the wards he will be judged, and he will find that it is very hard to live down a bad clerkship. At the same time that he bears in mind the difficulties and responsibilities of his post, he should remember that he is a junior, and that any assistance he can lend his seniors should be offered ungrudgingly, and in return for this he will undoubtedly meet with that consolation and help in his work which is so necessary. There is no loss of dignity sustained in carrying screens to patients, or in the thousand and one small opportunities which present themselves of helping the other workers in the wards.

To the dressers we would submit that the performance of dressing is no part of the clerk's duty, and that it is no kindness to him to request him to undertake what he cannot from his position with good grace refuse, and what nevertheless he is unfitted to do.

The work of the firm, as a whole, should be the interest of each individual member of it. Pride should be taken not only in its splinting and dressing, but also in its reporting. A good house-surgeon and a good dresser will see that the reports are not below the level of those of other firms, for as they represent the work of the firm the individual members should see that they give a fair and accurate idea of that work. The clerk, aided by the clinical assistant, from this point of view is to be regarded as the mouthpiece of the firm to succeeding generations. The firm should see that he represents it fairly. It is essential that either the clerk should live within walking-home distance of the hospital, or else get a room for the take-in week. All really good casualty work is

done at night, and the periods for seeing the actual Crofting and treatment of fractures is all too short as it is.

As soon as he is appointed, he should find out from the surgical registrar to whom he is appointed. A few days before taking over the work he should learn from his predecessor what he can about the cases he is to take charge of, so that the work may be continued as nearly as possible without a break. At the present time there is an entire change of clerks every three months, but in the way indicated above, the break in the work may be obviated to some extent. He should learn quickly to take accurate temperatures, and pulse and respiration rates, and test urine, for without any exception the temperature, pulse and respiration rates, and condition of the urine must be included in the notes of every case on admission. The surgical registrar sees every new case with the clerk on the morning after admission, when he expects a history of every case to be ready. This, if vague, is useless. All symptoms should be set down in exact order, with the dates of their appearance. The exactness in detail is of the highest importance, and is a measure of the care with which the clerk has done his work. He should have a note-book, and should put down in it everything about the case that he can obtain from the surgeon, house-surgeon, clinical assistant, and dresser. This should be copied into the report as soon as possible. We would impress upon each clerk the value of seeing everything done by the dressers or house-surgeons—the operations, putting up fractures, especially when done at night in take-in week, and this should apply to manipulations on every case under the surgeon, and not only to the cases which the individual clerk has to report—as much may be learnt in this way which otherwise can only later be gathered with much greater effort.

He should also attend the practical surgery classes of the surgical registrar, who gives four courses a year, each beginning on the appointment of the new surgical ward clerks, and especially designed for their instruction in all matters relating to that appointment.

Lists of the duties appertaining to each appointment are supplied to the students, and these are to be carefully followed out. The hospital not only expects this, but insists on it. We have laid stress so far on the appointment of surgical ward clerk, as it is the first post that the student holds, and because he is so often quite unaware of the objects of the appointment.

He will in time become a dresser, and will by that time have learnt the traditions that underlie his office. He should, before accepting office, have acquired most thoroughly the principles of aseptic surgery, and, on no account, ever depart from them subsequently. Let soap and water be his sheet anchor.

The surgical wards are visited every day by the surgeons and assistant surgeons at 1.45. Notice of operations, which usually take place on Mondays, Tuesdays, Thursdays and Saturdays, except for emergencies, is posted overnight in the colonnade by the House-Surgeon for the week. The surgeons are assisted at the operations by the dressers, and no others should stand about the well of the theatre, the only exception being the particular ward clerk to the case.

Although we believe there is no rule which prevents freshmen attending operations and clinical demonstrations, we would point out that such a course of action is useless to them, and is not encouraged by the authorities.

Finally, we should like to repeat that although specialization has provided a clerk responsible for the drawing up of the hospital records, yet as this report is an account of the work performed by the firm as a whole, it touches the honour of every one in it that the report should be an accurate statement of the work done. The firm should be considered the entity, each separate member of which fulfils his own function, each at the same time being dependent on the others for the smooth, even working of the whole. S. R.

ANÆSTHETICS.

One of the most important of the appointments for senior students is that of Clerk to an Anæsthetist. The appointment is best held after that of full dresser, but it may sometimes be done concurrently with the latter appointment, provided that the day the anæsthetist attends does not clash with the days of attendance of the surgeon to whose firm the dresser belongs. The appointment, which is for one month, is now compulsory; that is, every man must have held it before he can present himself for his final examinations. During his month of office the clerk attends one afternoon a week in the operating-rooms, either surgical or gynæcological, or at out-patients' when he administers anæsthetics under the supervision of the anæsthetist. He thus becomes acquainted with the various forms of apparatus, and gains practical experience in the administration of chloroform, ether, and A C E mixture. He also attends one morning a week at 9 a.m. in the dental department, where he has ample opportunities of learning how to give nitrous oxide, nitrous oxide oxygen, and ethyl chloride for dental operations. Before holding the appointment the student should attend Mr. Rowell's course of lectures on anæsthetics, for though this is essentially a practical subject, it is very necessary to know something of the action of anæsthetics and the symptoms occurring during anæsthesia, and also to know what dangerous symptoms to look out for, and the treatment that should be adopted. When making application for the appointment, the clerk may be in doubt as to whether to apply for the out-patient department or for the theatre. Each has certain advantages. The clerk will probably give more anæsthetics at out-patients', but those given in the theatres are usually of much longer duration, and useful experience is gained in keeping patients for some time in the stage of anæsthesia requisite for a prolonged operation. Hence there is but little to choose between the two.

The clerk should endeavour to watch the patient himself, and form his own opinion of the condition of

the patient, and not be a mere machine for holding a mask at the direction of the anæsthetist. He should be careful to consider the feelings of the patient, especially when he is dealing with a nervous individual. Suddenly to place a charged A C E cone over a patient's face without a word of warning is to court difficulties, and even dangers, in the administration. He should remember that "burned faces," sore eyes, sore tongues, split lips and broken teeth are a reproach to an anæsthetist, and that if these accidents occur with private patients his reputation as an anæsthetist will be seriously damaged.

Lastly, it may be suggested that every man, after he is qualified, should take the opportunity of giving a few anæsthetics for emergency cases in the hospital in order to get accustomed to the responsibility of giving anæsthetics quite "on his own."

DAYS AND HOURS OF ATTENDANCE ON HOSPITAL PRACTICE.

Accidents and urgent cases of all kinds are admitted, by the St. Thomas's Street entrance at any time of the day or night.

THE WARDS.

Medical Wards.—Dr. Hale White (2), Mondays Tuesdays, Thursdays and Fridays. Dr. Pitt (2), Mondays, Tuesdays, Thursdays and Fridays. Sir Cooper Perry (2), Mondays, Thursdays and Fridays. Dr. Shaw (2), Mondays, Tuesdays, Thursdays and Fridays.

Surgical Wards.—Mr. Golding-Bird (1.30), Mondays, Tuesdays, Thursdays and Fridays. Mr. Symonds (1.30), Mondays, Tuesdays, Wednesdays, Thursdays and Fridays. Mr. Lane (1.30), Mondays, Tuesdays, Thursdays and Fridays. Mr. Dunn (1.30), Mondays, Tuesdays, Thursdays and Fridays. Operations (1.30) daily.

Obstetric Ward.—Dr. Horrocks (2), Tuesdays and Fridays. Mr. Targett (2), Mondays, Wednesdays and Thursdays.

Ophthalmic.—Mr. Eason (2), Mondays and Thursdays. Mr. Ormond (2), Tuesdays and Fridays. Operations (2), Tuesdays and Thursdays.

THE OUT-PATIENT DEPARTMENT.

The days and hours of attendance in the Out-Patient Department of the hospital are as follows:—

Medical Cases.—Dr. Fawcett (1), Thursdays. Dr. Beddard (1), Wednesdays. Dr. French (1), Fridays. Dr. Hertz (1), Mondays.

Surgical Cases.—Sir Alfred Fripp (1), Thursdays. Mr. Steward (1), Mondays. Mr. Fagge (1), Wednesdays. Mr. Rowlands (1), Saturdays.

Obstetric.—Mr. Bellingham Smith (1), Thursdays and Saturdays.

Ophthalmic.—Mr. Eason (1), Tuesdays and Fridays. Mr. Ormond (1), Mondays and Wednesdays.

Dental.—The Dental Staff (9) every week-day.

Aural.—Mr. Fagge (1), Tuesdays.

Skin.—Sir Cooper Perry (1), Tuesdays.

Throat.—Mr. Steward (1), Fridays.

Electricity.—Dr. Hertz (12 and 3), Wednesdays.

Actino-Therapeutic.—Mr. Iredell (11), every week-day.

DENTAL SCHOOL.

The dental student is supplied at the Medical Office with the Prospectus, Standing Orders, Notes on Probationary Work, List of Instruments, Calendar, and Clubs' Union Book.

These pamphlets should be carefully perused in order that acquaintance may be made with the general arrangements of the school and the scope of the work upon which the student will become engaged.

Instruments having been purchased at a dental depôt, the student should satisfy himself that he has been supplied with all of those described in the hospital list.

Probationary work upon the phantom head will occupy the freshman's time for about two months. This operative course is conducted by the staff demonstrators, and is very comprehensive. It includes most of the conservative operations that the student will subsequently be called upon to perform upon patients, namely, gold and other fillings, crowns, inlays, and the treatment of devitalized and septic teeth. These manipulations upon the dummy, when done in a thoroughly sound manner, form a capital ground-work in operative dentistry. It may be mentioned in passing that too much stress can scarcely be laid upon the necessity of becoming an expert operator.

Pupils in Dental Mechanics are now received at the hospital, and a systematized and graded course of instruction is carried out by a competent teacher.

The regulations of the Royal College of Surgeons of England require that students shall pass two professional examinations for the dental licence. At the first examination certificates must be produced, *inter alia*, of having been engaged in the practice of dental mechanics under a registered dental surgeon, or under the direction of the superintendent of the mechanical department of a recognised dental hospital, during a period of two years, and of having manufactured and adjusted six dentures and six crowns.

Inasmuch as this examination may be passed in the month of May, the work of the first winter session should be largely devoted to demonstrations, dental mechanics, and lectures.

Students in difficulties about their work and needing advice are invited to consult the Dean, or any member of the Staff, who will be only too pleased to do what they can to promote their interests. W. A. M.

THE CHOICE OF A MICROSCOPE.

One of the indispensable adjuncts to medical study in these days is the microscope. The glowing tribute which Sir Samuel Wilks has paid to this instrument is by no means an extravagant one, when it is borne in mind how exceedingly helpful towards the acquisition of knowledge in almost all departments of science the microscope has been. To quote Sir Samuel's own words, "It has opened up a new world, and created a new science." Perhaps the student, when he comes to make his first acquaintance with these new fields which the microscope has enabled us to explore, will fervently

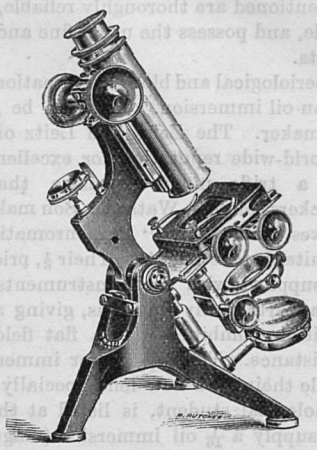
"Welcome!"

curse the existence of an instrument which has added so much to his already crowded syllabus of work, but as he becomes more friendly and intimate with bacteriology, histology, and microscopical pathology, he will also become keenly attached to his microscope, so much so, in fact, that—as we hear on good authority—it stands very low on the list of pawnable things that medical students periodically carry under the shadow of the sign of the Medicis.

The choice of a microscope, then, is a serious matter, and we would impress on the new student the importance of exercising proper care and discrimination in his selection of a good instrument. The advice and help of his teachers are always available, and it would be well for him to consult them when he has some special make of instrument in mind. For physiological purposes "the microscope must have two objectives, a $\frac{2}{3}$ inch and a $\frac{1}{6}$ inch, a nosepiece and an indicator fitted to one of the eyepieces. . . . An inferior instrument is worse than useless, for it is essential that the student should buy an instrument which will be of some use to him in future years, when, as a practitioner of medicine, he desires to examine tumours, urinary sediments, sputum, etc., for purposes of diagnosis. Antiquated instruments, such as those sometimes handed down as an heirloom in a family of doctors, are practically useless." In the biology class the student will make his first acquaintance with the use of the microscope, and although here a comparatively simple instrument with a low power suffices for most purposes, he should bear in mind that in his next year, when he comes to study histology, a good compound microscope is indispensable, and that afterwards he will want a superior instrument, fitted with a condenser and an oil immersion lens, for bacteriological work. The ideal way, of course, would be to invest in a thoroughly reliable instrument, fully fitted; but such instruments are expensive, and where money is a consideration to be regarded, a better plan would be to buy a sound stand, by one of the recognised makers, to which the various necessary addenda, such as revolving stage, condenser, etc., can afterwards be fitted. At first the two objectives above stated will serve for all practical purposes; later, an oil or a water immersion becomes necessary, while a triple nosepiece is desirable as well.

There are many standard makers whose names are recognised guarantees for the excellence of the instruments they manufacture. Of foreign makers, Zeiss and Leitz are, perhaps, the best known, and if the student is fortunate enough to be able to invest in one of their better-class instruments, he need have no fear that he will afterwards regret his purchase. These instruments can be purchased at most shops where microscopes are sold, and the Zeiss Company possesses a London agency in Margaret Street, Regent Street, W.

One of the best and most reliable English microscopical firms is that of Messrs. W. Watson & Sons, of 313, High Holborn, W.C. They recommend their "Edinburgh Students' Microscope, Stand H" type, which is a sound, reliable instrument, thoroughly satisfactory for all practical purposes. Fitted with their parachromatic objectives and one eyepiece, this is priced



at £12 15s. Afterwards, an Abbe illuminator, two additional objectives, including an oil immersion and triple nosepiece, can be added for about £9, or, if so desired, the complete set, suitable for bacteriological work, can be bought for £21. This stand is fitted with a mechanical stage. A cheaper make, but also a reliable instrument, is their "Praxis Microscope," which is listed at £6 10s., without condenser or nosepiece, or complete for bacteriological work at £15 15s. These prices may seem high, but in reality they are by no means extravagant. It is far better to invest in a good instrument, and to pay a little more for it, than to buy a cheap microscope which will afterwards have to be exchanged or sold at a loss when the student wishes to work at bacteriology, or at that fascinating branch of microscopical work—micro-photography.

Mr. C. Baker, of 244, High Holborn, W.C., lists several excellent instruments, of which his well-known "D. P. H." model, No. 1, is in every way a reliable instrument. The stand alone costs £11 11s., and the complete instrument, fitted for bacteriological and blood examination, is priced at £22. Slightly cheaper, but for all practical purposes equally good, is the "No. 2 D. P. H.," which, when fitted complete, costs £18 18s. A slight extra charge is made if the student wishes to have Zeiss lenses or Leitz objectives fitted instead of those supplied by the firm. This firm also supplies a useful and serviceable instrument for histological work, "The Model Histological Microscope," at £6 17s., to which afterwards a condenser and oil immersion can be fitted for bacteriological work.

Other good makers are Messrs. Swift, whose instruments are slightly lower in price; Messrs. Crouch, who supply several instruments suitable for students, and Messrs. Ross. From all these makers catalogues and specifications may be obtained on application. Messrs. Millikin and Lawley, of 165, Strand, W.C., list a good serviceable article in their "Stand A." model, which

fitted with mechanical stage and two objectives, and triple nosepiece, is priced at £7 6s., and to which a condenser can easily be fitted. All these instruments we have mentioned are thoroughly reliable, strongly and firmly made, and possess the usual fine and coarse screw adjustments.

For bacteriological and blood examinations the student will need an oil immersion. This can be got from any reputable maker. The Zeiss and Leitz oil immersions enjoy a world-wide reputation for excellence, although they are a trifle more expensive than those by English makers. Messrs. Watson & Son make a speciality of objectives, and their "Parachromatic series" is specially suitable for students. Their $\frac{1}{6}$, priced at £1 10s., which is supplied with their instruments enumerated above, is a particularly fine lens, giving an exquisitely crisp definition, combined with a flat field and a good working distance. Their $\frac{1}{10}$ water immersion is listed at £4, while their $\frac{1}{12}$, a new lens specially intended for the bacteriological student, is listed at the same price. They also supply a $\frac{1}{16}$ oil immersion (magnifying up to 3200 diameters, with a holoscopic eyepiece) at £6. Mr. Baker supplies a sound, reliable $\frac{1}{12}$ at £5, and a $\frac{1}{16}$ oil immersion at £6. A Zeiss oil immersion costs £8, a Leitz, £5, and a Reichert also £5. With most of these a bottle of immersion oil is supplied.

If the student is unable to go to the expense of buying a new instrument, he can often obtain a good second-hand microscope at a comparatively cheap price, and in the same way an oil immersion lens may be bought. It is advisable, in buying a second-hand instrument, to obtain it on approval, and give it a thorough trial before completing the purchase. Sometimes a bargain may be picked up at a pawnshop, or a second-hand dealer's shop; but there are several firms which deal in second-hand microscopes, and the student cannot do better than give these a trial. Their instruments are generally in good order and well preserved; in many cases nearly new. Messrs. Millikin & Lawley have a large number of second-hand instruments and lenses in stock by all the recognised makers, which they list at prices much below those charged for new instruments. Mr. Clarkson, 338, High Holborn, W.C., is another dealer in second-hand instruments whose stock is well worth inspection.

For histological work, the student will find a slide box, or cabinet, to contain his finished slides desirable. These may be bought at any microscopical instrument makers, the nearest being probably Messrs. Stanley, whose place is close to London Bridge Station.

INSTRUMENTS.

Both in the wards and in the dissecting-room and the physiological laboratory, the student will find that he needs several instruments. In the wards he will want a stethoscope, dressing instruments, tape measure, etc., and in his previous work a dissecting case is an absolute essential. The number and choice of his instruments depend to a large extent on himself. If he is sufficiently keen to think it necessary that he should possess a blood count apparatus, pocket spectroscope, and a good ophthalmoscope, his outlay will of course be considerably in excess of what he would spend were he to rest content with possessing the absolutely indispensable only. But such outlay, we would venture to remind him, will not be money thrown away. In after years he will find the possession of these instruments not only a great help but a sound investment, provided he has invested in good instruments, which will stand the wear and tear of hospital practice. It is true all the wards possess a certain number of necessary instruments, lists of which are affixed to the cupboards where they are kept. But the advantage of possessing an instrument of one's own, independent of those that the hospital provides, is obvious. Personal possession means personal interest, and though familiarity may breed contempt, it has its advantages.

There are many instrument makers in London, the majority of whom make a point of catering for the new student. We would not advise anyone, however, to write for a catalogue of surgical instruments. These bulky volumes are so large, and contain so much, that the average student will find it a work of some difficulty to make his choice from amongst the many and various models submitted to him. Rather would we advise the new man to find out from his teachers what he needs for his work, to make a list of such instruments as he requires, and then to go to one or other maker whom he has selected, and choose his necessities from their stock. We therefore merely give the addresses of some of the better known firms, along with a few particulars of the items they stock for students.

Messrs. Allen & Hanbury, Ltd., Plough Court, Lombard Street, E.C., a firm within easy walking distance of the hospital, have a large and varied selection of surgical and other instruments. Their dissecting cases range from 10s. 6d. upwards, and are excellent value at the prices listed. They supply a special binaural stethoscope with flexible metal tubing at 12s. 6d., and have a large selection of students' dressing cases, fitted and unfitted. This firm also manufactures various models of hypodermic syringes, ranging in price from 2s. 6d. to 8s. 6d., and lists all the usual blood-counting apparatus. Their instruments are of English manufacture, thoroughly sound and reliable, and satisfactory in every way. Messrs. S. Maw, Son & Sons, 7–12, Aldersgate Street, E.C., have an equally large stock open to inspection. They list a large number of useful stethoscopes ranging in price from 4s. 6d., to an improved pattern with finger rest, catalogued at 8s. 6d. They also supply dissecting cases, dressing cases, and have in stock every kind of apparatus the student may find useful or necessary. Their instruments are guaranteed of English manufacture, and are catalogued at comparatively moderate prices, Messrs. Arnold & Sons, of West Smithfield, and Giltspur Street, E.C., who are instrument makers to St. Bartholomew's Hospital, manufacture their own instruments, and have special lines in dissecting and dressing cases for students. They also supply excellent sets of bones, half skeletons being priced from £2 19s. 6d., and

disarticulated skulls from £1 15s. These sets are specially selected and may be relied upon to be sound. Further particulars of these may be obtained from Mr. Hancock in the dissecting-room. This firm lists a patent stethoscope, their "Phonophore," which has obtained high praise from those who have used it. It is priced at 6s. 6d. single tubes, and at 12s. 6d. binaural model. Messrs. Down Bros., Ltd., whose address is 21, St. Thomas' Street, S.E. (just opposite the hospital gates), are the instrument makers to Guy's Hospital, and the instruments turned out in their factory are as excellent examples of their kind as one could wish for. The student would do well to give Messrs. Down a call and inspect their large and varied stock of dissecting cases, dressing cases, midwifery bags, and last, but not least, their overalls. An overall is a necessity for the ward clerk, and by far the majority of overalls in this hospital have come from Down's. The firm supplies all apparatus necessary for work in the wards or in the laboratories, and all their material is of the best quality The Holborn Surgical Instrument Company, Ltd., 26, Thavies Inn, Holborn Circus, E.C., have also a large stock of instruments, at comparatively cheap prices, while Messrs Millikin and Lawley, Strand, London, W.C., have always on hand a large variety of new and second-hand instruments and bones.

At all these firms the student may obtain blood-counting apparatus, ophthalmoscopes, pocket spectroscopes and other desirable, if not absolutely indispensable, instruments. Messrs. Watson & Sons of 313, High Holborn, and Mr. Baker, of 244, High Holborn, however, list special sets of blood-counting apparatus designed for students and clinical use, and in addition stock several sets of microscopical apparatus, including stains, etc. Messrs. Stanley, Station Approach, London Bridge, who are opticians to Guy's Hospital, have a large and extensive stock of microscopical apparatus, such as slides, specimen boxes, etc., and their shop is conveniently situated for those who cannot afford much time. Their articles are of excellent manufacture, and thoroughly satisfactory.

As in the case of microscopes, the student can often obtain second-hand instruments at a comparatively cheap price. Sets of bones discarded by those who have no longer any pressing need for them may often be picked up cheaply, and the student would do well to interview the dissecting-room attendant (or the commissionaire who will usually be found in his den underneath the Medical School Buildings). From both second-hand scalpels, forceps, or complete dissecting cases may sometimes be obtained. In buying second-hand instruments the student should assure himself that the articles are sound and reliable; if at all in doubt his demonst rator will always be ready and willing to help him in deciding whether to buy or leave them. There are several second-hand shops in the Borough at which instruments and bones can sometimes be picked up for a mere song, and those who cannot afford to go to much expense will do well to pay a visit to these places and see what may be obtained there—always bearing in mind that many of the things shown in their windows are comparatively obsolete, and that any instrument decided upon should be tried and approved of before it is bought.

BOOKS.

The student who wishes to obtain his books at once should not take the first he sees on any particular subject, but would be wise to consult his demonstrators first; the number of text-books is very large, and the choice is a difficult matter to the inexperienced. Roughly speaking, second-hand books are very seldom worth anyone's while to buy, chiefly because medical science is progressing so rapidly that new editions are constantly being published. Especially is this the case in Physiology, where a book may become quite out of date in many points in the space of a couple of years. The other sciences of the first and second years' study are scarcely less pronounced in this progress. Hence a student is strongly advised not to purchase his books for his second year's work until that year has commenced.

The number of publishers of books for medical students is great. Messrs. Churchill publish Taylor, Jacobson, Goodhart, Fagge, and many other well-known works. Messrs. Macmillan publish Allbutt, Foster, and a great number of first-year books; Messrs. Longmans, Green & Co. publish the famous Gray's Anatomy. Messrs. Young and Pentland also publish many well-known medical books, as also do Mr. Murray; Smith, Elder & Co.: Philip & Son; H. K. Lewis, and Cassell & Co.

As we have mentioned, it is rarely that second-hand books will be required, but there are cases in which they are valuable. Mr. Chas. Sawyer has a long list of last editions at very moderate prices, and there are other second-hand booksellers.

All books can be obtained from Mr. H. H. Grattan, in Borough High Street, who is the "official bookseller" to the hospital. Many well-known books he can supply over the counter; any others desired he will have in an hour or two.

BOOKS, ETC., RECEIVED. — Bland, Sutton & Giles' Diseases of Women; Hood's Clinical Aspect of Pneumonia; Chances' Bodily Deformities, Vol. I.; Madden's Bilharziosis; Stephenson's Ophthalmia Neonatorum; Behnke's Stammering and Cleft-Palate Speech; Practitioner; Dental Cosmo; Glasgow Medical Journal; Birmingham Medical Review, Gaceta Medica de Costa Rica; Royal Army Medical Journal; New Zealand Medical Journal; The Australasian Medical Journal; Sir Patrick Manson's Tropical Diseases, new edition; Savage's Insanity, new edition; Museum of the Royal College of Surgeons of England—Catalogue of the Osteological Specimens; Part I., Man, and Descriptive and Illustrated Catalogue of the Physiological Series of Comparative Anatomy, Vol. III.; Nachricten von der Koniglichen Gesellschaft Wissenschaften zu Gottingen, Hefte, 1, 2, und 3.

The Ward Clerk.

THE first introduction to clinical work at Guy's is as clerk in the Surgical Wards, and Oxford and Cambridge men, together with those who have taken either the London or Conjoint Intermediate Examination, will start in October by taking up this appointment. It may be well to give to these men a few words of advice as to the way this appointment should be attacked.

In the first place, you will be allotted a certain number of beds. These beds, if already occupied by patients, will have reports hanging beside them, and it should be your aim to know for what each of your patients was admitted, and what has taken place since his admission, by the end of your first day in the wards. Their names should be entered in a notebook, and the names of all succeeding patients who come into your beds should be entered also. If these names are crossed off as the reports are sent in, you will never be in that sad state of not knowing whether you have missed a report.

As to the writing of the report, full information will be found in the small books supplied; but we would urge here the great importance of writing full and careful notes on every case. There are two reasons why attention should be paid to this rule.

First, the reports are the only permanent records the Hospital contains of its work. The patients disappear and may never be seen again; the clerk and registrar are changed, and it may be at least reckoned that nobody will be able to give every symptom after one or two years. Now, the patient may reappear after five, ten or more years, and if a full and true account of his previous illness be forthcoming, the task of clerk and of the surgeon himself will be considerably easier. Also the reports are frequently referred to in connection with articles, books, statistics, and theses for University degrees.

Second, the reports of any particular clerk are the best index as to his keenness and intelligence. To write clear and careful reports is to be well "signed up" for the appointment. To be badly signed up as a surgical ward clerk is to carry a bad reputation with you all through your appointments.

After writing reports, the second duty of a clerk is to be always present when required. This means being in the wards every morning during your whole appointment, and during such afternoons and evenings as you may be told to expect operations. During take-in week you should be in the hospital continually. There is a tendency, which unfortunately seems to be growing, amongst ward clerks, not to live either in the College or close to the Hospital during his "firm's" take-in. This is a mistake for many reasons. You are very likely to miss seeing an operation at night, and so will not only have to ask what happened, but will miss both seeing the operation and the opportunity of examining the patient previously. Your report, therefore, will suffer considerably, besides your reputation.

While we are speaking on the subject of living in College, we might mention also that it is important that you should live up here whilst you are dressing. We have known "firms" of six dressers, none of whom lived in College, and the tendency to live away, which we have spoken of above, is growing both in ward clerks who are taking-in, dressers, and even, we understand, in clinical assistants. We cannot too strongly condemn it, and hope that it is a temporary affair which will very shortly be changed. *The* great thing, at the beginning of your ward work, is to *see* and to *hear* all you possibly can; see not only the patients in your own beds, but also every other patient you can. Know every smallest detail about your own cases first, so that you can answer any question that your surgeon may ask you about their history and symptoms, without needing to refer to your report; and then know as much as you can about all the other patients in the same ward. Be keen; be in the wards all you can; when your own surgeon is unable to go round, attach yourself to someone else, and instead of being glad of a "holiday," stick to the wards whenever you have a chance of being in them. Read your books, too, but read them when you cannot be in the wards; read them in the evenings, and be in the wards all day.

Four Lectures on the Significance of Variations in the Constituents of the Urine.

Delivered in the Physiological Theatre, Guy's Hospital, by F. G. HOPKINS, M.A., M.B., D.Sc., F.R.S.

LECTURE II.

GENTLEMEN,—If I take next for consideration the quite special and peculiar excretive *Creatinin* and devote a good deal of time to it, it is not because we know so much about it. Our knowledge, though rapidly advancing, is as yet vague and indefinite. But I feel that consideration of the chemical physiology of this substance will illustrate exceptionally well the nature of our subject—the bearing of the study of excretion upon our understanding of metabolism. It will show, at any rate, how much patience is required in such studies, and how carefully the student must cultivate a critical attitude of mind when considering the results of experiment. Moreover, those so minded may find some actual excitement in the present state of affairs respecting creatinin. So many are now engaged upon a quest as to its significance; the current literature is so full of fresh experimental studies dealing with it, that one feels something really illuminating ought soon to appear. If what I have to say might send some of you, first to the original literature, and then to a laboratory in touch with the clinical ward, this lecture would be of more use than lectures usually are.

Fresh active study of creatinin metabolism has been stimulated by Folin's description of a simple, and—in the opinion of most—an accurate method for its estimation. In any such branch of study we find that so long as quantitative methods remain inaccurate, or of a difficulty which is prohibitive, there is but little progress. Given a method of measurement which is at once good and simple, and only time is required for knowledge to advance. As regards creatinin we now appear to have the method, but, at the moment, we have not yet had the time. I suspect, however, that what I have to say this afternoon will need extension in the very near future.

I must first remind you of some familiar facts concerning the chemistry of creatinin and the closely related substance creatin. In appraising what follows it is essential to bear these facts somewhat vividly in mind.

Closely related to urea, $O=C(NH_2)_2$, is the substance guanidin, $NH=C(NH_2)_2$. The latter has those nitrogen atoms associated with a single carbon atom, but on hydrolysis the $NH=$ group is easily split off as ammonia, being replaced by oxygen and yielding urea. Now *creatin* contains the characteristic triple nitrogen grouping of guanidin, and may itself be considered to possess the constitution of *methyl-guanidin acetic acid*:

$$NH=C(NH_2)-N(CH_3)-CH_2.COOH.$$

The molecule of creatin tends, under special conditions, and more particularly (so far as laboratory processes are concerned) under the influence of acids, to lose the elements of water. This results in an intramolecular condensation and the formation of the anhydride *creatinin*:

$$NH=C(-NH-)-N(CH_3)-CH_2.CO$$

The action of dilute alkalies induces the converse change.

The guanidin grouping of nitrogen atoms is, as you know, also present in one of the products obtained from ordinary proteids by hydrolysis. Arginin, namely, has the constitution:

$$NH=C(NH_2)-NH\cdot CH_2\cdot CH_2\cdot CH_2\cdot CHNH_2\cdot COOH.$$

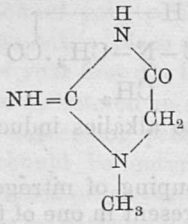
But one important distinction is to be noted; in creatin and creatinin one of three nitrogen atoms of the guanidin residue is methylated, while in arginin this is not the case. The presence of this alkyl group may make all the difference in the fate of a nitrogen atom in metabolism. An unsubstituted $-NH_2$, or $=NH$, group is, in the body, easily removed as ammonia, to form, ultimately, urea; groups like $-NH.CH_3$, or $=N.CH_3$, are not to be dealt with in this direct manner.

Creatin, then, differs from all the known breakdown products of proteid in not being an α-amino acid, and from all except arginin in containing a guanidin grouping in its molecules. From arginin it is particularly distinguished by the methylation of this guanidin residue.

A few words must be added concerning the significance of the conversion of creatin into its anhydride creatinin.

The latter is a much stronger base than the former, and in this circumstance one may find an explanation for the fact that acids dehydrate creatin into creatinin, while alkalies rather hydrolise creatinin into the less basic creatin.

The conversion from either substance to the other would be most interesting to study on the rigid quantitative lines of modern physical chemistry; but this has not yet been done. Whether change of reaction has any influence upon the production of one substance from the other in the body, we do not quite know. Assuming that the change from creatin to creatinin does take place in metabolism (cf. *infra*), it is believed by some to be brought about by a special dehydrating ferment. If this be so, then we may believe that, in localities where such an agent exerts its influence, the change would be a reversible one. But it is most important to observe that the dehydration involves the formation of a ring compound. The structural formula of creatinin may be expressed thus:—



Now, such a ring compound might be expected to offer greater resistance to oxidation and other processes in the body than would the parent substance creatin. It is well to bear this fact in mind. The change of chemical type involved when creatin loses water to form creatinin is responsible also for the circumstance that the latter gives certain colour reactions not exhibited by the former. Among these is the reduction of picric acid to picramic acid, which forms the basis of Jaffé's test for creatinin, and of Folin's method for its estimation. Creatin does not induce this reaction.

I come now to what I have to say about the physiological chemistry of these substances. Liebig, as you know, believed that muscular activity is associated with a large breakdown of nitrogenous material in the organs, and, having found that in the muscles of a hunted fox there was ten times as much creatin as in those of a similar animal which had remained quiescent, he naturally came to attach great importance to this substance as forming a stage in the breakdown. I do not know that anyone has since made an observation strictly comparable with that of Liebig; but it is sure that, if excessive muscular exercise tends to produce such an accumulation of creatin, it is because the metabolism of the whole animal, or of organs other than the muscles alone, is involved. An isolated muscle, however long, and however strongly stimulated, does not accumulate the substance in this way, nor, to judge from some, as yet unpublished, experiments of E. Mellanby, does activity produce any effect at all upon the creatin content of isolated muscles. It is at least probable that the available analytical methods were, in Liebig's day, so faulty, that he estimated an increase of something which was not creatin at all. In any case such creatin is not excreted as creatinin. The studies made during the later part of Liebig's life, and immediately after his death, showed how unimportant is the effect of exercise upon nitrogenous excretion as a whole, and we now know that exercise only influences creatinin excretion to a minimal degree, and, if at all, only under exceptional circumstances.

As the result of the work of Meissner and Voit, and the teaching of Bunge and others, we have become accustomed to a view concerning the physiology of the substances now under consideration which is dogmatically set forth in our elementary text-books. Creatin given by the mouth is excreted as creatinin, and such quantities of the latter as appear in the urine upon an ordinary mixed dietary are chiefly, if not entirely, derived from preformed creatin in the flesh eaten. The chief origin of urinary creatinin is therefore exogenous. As regards the fate of the creatin endogenously produced, the text-books are less dogmatic. An earlier view was that creatin, once formed, is resistant to further change in the body, except so far as conversion into its anhydride is concerned. This would involve the conception that it is only formed in such quantities as are represented by its accumulation in the tissues, or the view would be in conflict with what is taught as to the exogenous origin of creatinin. The view of Bunge has therefore received, on the whole, most support, and the creatin of our own muscles is supposed not to yield any considerable proportion of urinary creatinin, but to be a precursor, and, perhaps, the most important precursor, of the urea we excrete.

The above statement gives, I think, a fair, if brief, exposition of the teaching of the last twenty years. It is difficult to state it concisely for the very reason that our text-book writers have themselves found it difficult to tell a consistent story about these matters.

Nor, indeed, do the fresh facts gathered during the last year or two make up a complete or consistent story; but they are sufficient to show that there is more in this particular chapter of metabolism than some may have thought, and

make it clear that any smug dogmatism about the matter must disappear from our next editions. It is not difficult to understand why, now, when reliable methods are available, many should be content to work at the problems presented. The average man goes about with at least 100 grammes of creatin in his tissues, an amount which is not nearly approached by any other nitrogenous tissue metabolite; and it would certainly be a reproach to chemical physiologists if they did not do their best to find out what is meant by the appearance of this material.

Now I take it, when creatin has been talked about as a precursor of urea, that endogenous urea has been meant. But then, remember, the clear distinction between the endogenous and the exogenous metabolite (though always present, rather vaguely, in the mind of Carl Voit) is really a new thing. At any rate, Macleod having shown that there is a real endogenous origin for part of our urinary creatinin—for we go on excreting it when our diet contains no creatin—Folin's work and theories arrived to add great weight and importance to this endogenous excretion. In Folin's view the creatinin which appears *during the consumption of a creatin-free diet* is a true measure of "tissue activity" amid all the fluctuations of urea excretion which may follow on variations in the amount of protein eaten. For, as I reminded you in my first lecture, he found experimentally that "the absolute quantity of creatinin eliminated is a constant quantity, different for different individuals, but wholly independent of quantitative changes in the total amount of nitrogen eliminated." The actual amount eliminated on a creatin-free diet is considerable, being actually above 1 gramme per diem, and often to over 1½ grammes. In determining the amount excreted, the actual tissue (not body) weight Folin found to be the chief factor. Among the tissues the muscles might be expected to play a predominant part, and in accordance with this, Spriggs has found that in cases of muscular atrophy the excretion of creatinin is much below the normal.

The statement of Folin as to the constancy of creatinin excretion have been lately confirmed in a general way by various observers (Van Hoogenhuyze and Verploegh, Clossen, and several others). The fact is one of great significance, and kindred facts may come to have a most important influence upon our views concerning metabolism. Only we must not accept the statement that creatinin excretion is independent of total nitrogen excretion as one possessing mathematical accuracy, nor, at present, as being capable of universal application. Certain observations have already been made which qualify it in some degree, though without detracting from its essential importance. Noel Paton, observing a dog with a creatin-free dietary, fluctuating in amount, got results which seemed to show some relationship between creatinin excretion and the total intake of nitrogen. Dorner, in experiments with a dog—which were not wholly satisfactory, because (as in Noel Paton's) there were large fluctuations in the daily output independent of diet—found that the addition of fibrin to the food seemed to raise the output of creatinin, though, oddly enough, giving flesh freed from preformed creatin did not. In actual starvation there is a marked falling off in the quantity excreted (Van Hoogenhuyze and Verplœgh), though before attaching too much importance to this fact we must consider the amount of urinary creatin as well as the creatinin (*infra*). Cathcart,[1] observing a professional starving man, found a marked and rapid diminution in the preformed creatinin of the urine, and also a drop in the nitrogen excreted as creatin and creatinin taken together. The latter, however, diminished with surprising slowness. Thus, on an egg and milk diet the man excreted an average of ·52 grm. of nitrogen in these two forms, and on the fourth day of complete abstinence the excretion was exactly the same. On the twelfth day it was ·39 grm., and on the fourteenth ·34 grm.

What, in any case, I want particularly to emphasise is, that in claiming for a given nitrogenous excretive, which shows independence of the total intake of protein, that it is a measure of "tissue activity," or of "tissue change," we should be careful in defining what we mean by the expressions. To this matter I shall return.

The statements accepted till very recently with regard to the effect of giving creatin and creatinin respectively by the mouth, require modification to a remarkable degree, and recent work in this direction has upset not a little our belief in the physiological relationships of these two substances. We have believed, since the publications of Meissner and of Voit in 1868, that ingested creatin and creatinin appear almost entirely as creatinin in the urine. Now most of the recent observations confirm the fact that creatinin is resistant to change when once in the circulation, and re-appears as such in the urine; but that creatin given by the mouth suffers no treatment in the body other than rapid excretion,

[1] Communication to the Seventh International Congress of Physiology, not yet published. A few additions have been made to this lecture since its delivery.

after conversion into creatinin, seems to be far from true. It is the belief of Klercker and of Folin that, as a matter of fact, ingested creatin is not converted into its anhydride at all; that a certain amount of what is administered may be recovered from the urine as such (20–30 per cent. *Klercker*), but that most undergoes some more complete change. Since flesh under no circumstances contains creatinin (Mellanby), it follows that urinary creatinin is all endogenous.

It is even suggested that the two substances may have no relationship in metabolism, a view to which I, for one, certainly cannot subscribe. Folin finds further that, though creatin given by the mouth when the subject of experiment is taking sufficient proteid for his needs, may appear, as such, in the urine, if it be given when the proteid intake is deficient, it is not excreted at all; its nitrogen does not appear in the urine. Under these circumstances it would appear to subserve some function, to be in some sense a food stuff. Not easy, perhaps, to reconcile with the statement of Folin is the now well confirmed, and really remarkable, fact that actual starvation, by itself, and quite apart from other treatment, leads to the appearance of notable quantities of unaltered creatin in the urine, though this substance is practically absent under normal conditions of diet.

Leaving for a moment the question of excretion, I must say a few words about recent work upon the creatin of muscle, without full knowledge of which we shall certainly never understand the excretion of creatinin. There is first the noteworthy fact that all invertebrate muscles which have been examined have proved to be free from creatin, Mellanby has recently confirmed this for various species. Another perhaps correlated fact has received abundant confirmation in Mellanby's unpublished work, namely, that the vertebrate animal is born with little or no creatin in its muscles; the substance accumulates as individual metabolism proceeds, until, as it were, a saturation point is reached, when the percentage appears to remain constant. In connection with this it is interesting to show that the excretion of creatinin is also proportionately very small in the newly-born animals, and, at first sight at any rate, we are tempted to believe that only when there is equilibrium between the production of creatin and the storage capacity of muscle for that substance, does the creatinin excretion reach its full value. Next we must bear in mind that creatin, as already mentioned, is not a substance produced in observable quantities during the mechanical activity of an isolated muscle. When such a muscle is tetanised there is of course evidence for the occurrence of abundant chemical changes in the production of carbonic acid, lactic acid, and the like. Mellanby finds that creatin shows no evidence of being a substance relative to these important breakdown processes associated with the liberation of energy in the muscle. Its percentage remains practically constant during the most prolonged tetanus. On the other hand, when muscle or other tissue is allowed to stand for long periods with an antiseptic, so that those survival processes which we now call "autolytic" have time to occur, then, according to some observers (Seeman, Gottlieb and Stangassinger), a certain increase of creatin occurs.

Here, then, we have a medley of fresh facts for our consideration, though I fear you will find they do not go far towards solving the riddle of the meaning of creatin and creatinin in metabolism.

If you will permit, I shall for the moment avoid the difficulty of attempting to estimate, in bulk, so to speak, the significance of these experimental results; I will rather discuss some *a priori* possibilities, one by one, and consider how the known facts bear upon them. The deficiencies in our knowledge will justify this method of treating the subject.

Such metabolites as creatin and its anhydride creatinin, substances possessed of a highly specific chemical character, may be:—

(A) *Derived, like (say) the purins, from a special part of the structure of a tissue cell.* The peculiar molecular conformation of the purin and pysamidine bases appears to be necessary for the normal chemical structure of a living cell. These special groupings are not found in the molecules of protein, but they can be constructed from protein elements during the growth of a cell. Once formed, the purin structure is sufficiently stable to lead to the appearance of purins among the excreta. It is possible that the special molecular conformation of creatin is equally essential to some other constituent part of the cell structure, the free creatin found being a special breakdown product derived from this. No one has yet isolated from a tissue any complex substance containing the creatin grouping analogous to the nucleic acids which contain the purin groupings. Nor has any one found creatin, or any substance related to it, among the products of acid hydrolysis of a tissue, though it may be urged that an increase of creatin during autolysis (*supra*) is suggestive in this direction, for free purin bases are liberated during autolysis from the cell complex which contained them. But I feel myself that the

evidence at present available to prove this autolytic liberation of creatin is very inconclusive; better experiments are wanted. Dorner has shown that feeding an animal with thymus gland does not increase the urinary creatin or creatinin. I can only say, with regard to the hypothesis just considered, that it is, on the whole, unlikely; but it is not yet disproved.

(B) *A substance representing a phase in the general protein metabolism of living tissues.*—This hypothesis may be considered in two somewhat different forms: (*a*) The creatin may arise from the *general* nitrogenous breakdown of the cell, but is possessed of a special chemical stamp different from that of the predominant exogenous metabolite (urea, derived from ammonia), because the constitution of the living cell protein is different from that of the dead protein of the diet. This view would represent a remnant of Pflüger's classical conception of metabolism. There is, however, no experimental evidence for a difference of constitution in dead and "living" proteid (unless we argue in a circle from the very facts we are discussing), and the present state of knowledge makes the assumption unjustifiable. (*b*) It is a substance which, being (when compared with most of the known amino-acids from protein) relatively rich in nitrogen, represents a form into which the nitrogen of cell protein is concentrated before final conversion into urea. I believe I am justified in saying that this represents, more or less accurately, the view taught by Bunge in his text-book. It, again, has no experimental basis, and I think it is quite unnecessary to believe in the highly complicated cell-chemistry, which would mould all the amino groups of proteid into the guanidin grouping. I am myself, at least, one of those who believe that, in the main, the chemistry of protein breakdown in the cell is not very different from the breakdown in the intestines. I think that hydrolysis precedes elimination of NH_2 groups as ammonia, and that this latter process precedes or accompanies oxidations. I believe, of course, that in the cell is made from its proteid a multitude of substances of special character for the necessities of structure or function (of which creatin may be one), and that some at least of such special substances may yield simpler, but equally special, disintegration products (of such, again, may be creatin). But I believe that each one of these can individually represent only a minute part of the total metabolism. So far as protein is, in the ordinary meaning of the word, metabolised as such in the cell, the end product is urea, derived simply, on the above lines, from the NH_2 groups of its amino-acids.

I would urge that, if the present tendency to look upon the excretion of creatinin as a measure of cell metabolism (in contrast with "exogenous" metabolism) involves any conception analogous to the two just discussed, then the tendency is retrograde and against the lines of present progress in chemical physiology.

(C) Creatin may be *the end product of the metabolism of one special group in the molecule of proteid*, a part of the molecule which, from its special character, does not suffer complete change. As arginin contains the guanidin structure, it is natural to think of it as a possible precursor of creatin, though it is true that arginin given by the mouth is converted into urea. Seaman has brought forward some chemical evidence, based upon the oxidation of protein, which indicates a possible line of change from arginin into creatin. As the former does not contain the methyl group which is so characteristic of the latter, such a derivation could only occur if the arginin has special relations in the molecule of protein, permitting the methyl group to take origin during oxidation from an adjacent amino acid. I must not stop, however, to go into details here; the evidence only indicates a possibility, and we have as yet no proof that the metabolism of arginin yields creatin. The accumulation in muscle of such a product, derived from a special fraction of the protein molecule, would not be without analogy. As already stated, the muscles of invertebrates contain no creatin, but those of certain invertebrate species have been shown to contain taurin, itself an oxidation product of the cystin from protein. Arginin apart, it is possible that the protein molecule contains a methyl-amino grouping, preformed; for though none has yet been found, we have by no means complete knowledge of the constituents of protein.

(D) *Creatin formation may involve some synthetic activity on the part of the cell*, and not represent a process of simple degradation. Such synthesis occurs either in the formation of substances which perform a definite function in the body, or subserves the purpose of converting a noxious metabolite into one which is more stable and innocuous. One such physiological synthesis, well known in other connections, consists in the addition of a methyl group. This consideration has led Professor Jaffé to some interesting experiments, mention of which I have reserved till now.

The substance glycocyamin has the constitution $NH=C(NH_2)-NH-CH_2COOH$. It is not known to be a physiological product, but it is seen to be identical with creatin, save for the absence of the methyl group. It is profoundly interesting to learn from the work of Jaffé and his pupils that glycocyamin given by the mouth is, as a matter of fact, methylated into creatin before excretion. Glycocyamin might easily arise from arginin by oxidation, and as it is a toxic substance we have a reason for its conversion into creatin should it be formed. But here again the evidence is only suggestive; we do not know that glycocyamin ever appears in metabolism.

I am by no means sure that I have exhausted the possibilities in this discussion; but I will not attempt to extend the list. You will see how many indications for further experiment are to hand.

However it may arise, we shall have further to explain why creatin, so much more than other nitrogenous metabolites, tends to accumulate. We must not too readily assume that this accumulation indicates that it possesses a function in connection with muscular activity. It must be remembered that the, often, highly active muscles of invertebrates do not contain it, and that in the muscles of certain fishes even urea accumulates. It is quite possible that such accumulation depends upon pure physico-chemical factors which physiologically are accidental. The properties of creatin may happen to be such that it readily forms absorption compounds with the substance of vertebrate muscle, and there is even some experimental evidence for this. Nevertheless the question as to whether creatin possesses a specific function is one which must not yet be withdrawn from experimental study.

I cannot myself see any reason from the available evidence to doubt that the creatinin of urine arises from the creatin of tissues, or that the amount of it is, in the main, a measure of the rate at which the latter leaves the muscles. If creatin given by the mouth is not converted into its anhydride, we must believe that normally the conversion occurs in the muscles, and that an agent—fermentive, or other—is then present which can effect the dehydration. It is easy to understand that the change from one substance to the other—the closing of the ring—would at once upset the stability of (say) an absorption compound, and that the anhydride once formed would leave the muscle.

After what has been said, you will not expect one to be rash enough to make a dogmatic statement with regard to any one aspect of this subject. In closing, however, I may hazard a guess that while creatin and creatinin are undoubtedly made from some specific group in the proteid molecule, there is a chapter in their history akin to one in the story of the purin compounds. These are also doubtless constructed from quite special groups out of proteid—we may know which some day—but they are constructed for special purposes in the cell. In some cell complex, analogous with the nucleins, the methyl-guanidin group may have found itself before it appears as creatin, and thus in a sense the excretion of creatinin, like that of the purins, will be a measure of cell metabolism. But purin excretion measures cell metabolism in a sense which is very obscure, and it is to be feared that the complete history of creatin and creatinin may prove as difficult to read as that of the much-studied purins. I say this in no pessimistic spirit. The difficulties of our problems should stimulate rather than depress, and the special purpose of this lecture was to indicate that there may be much work to do in connection with a problem which the current text-books treat lightly. I trust that this particular purpose at any rate has been served.

Correspondence.

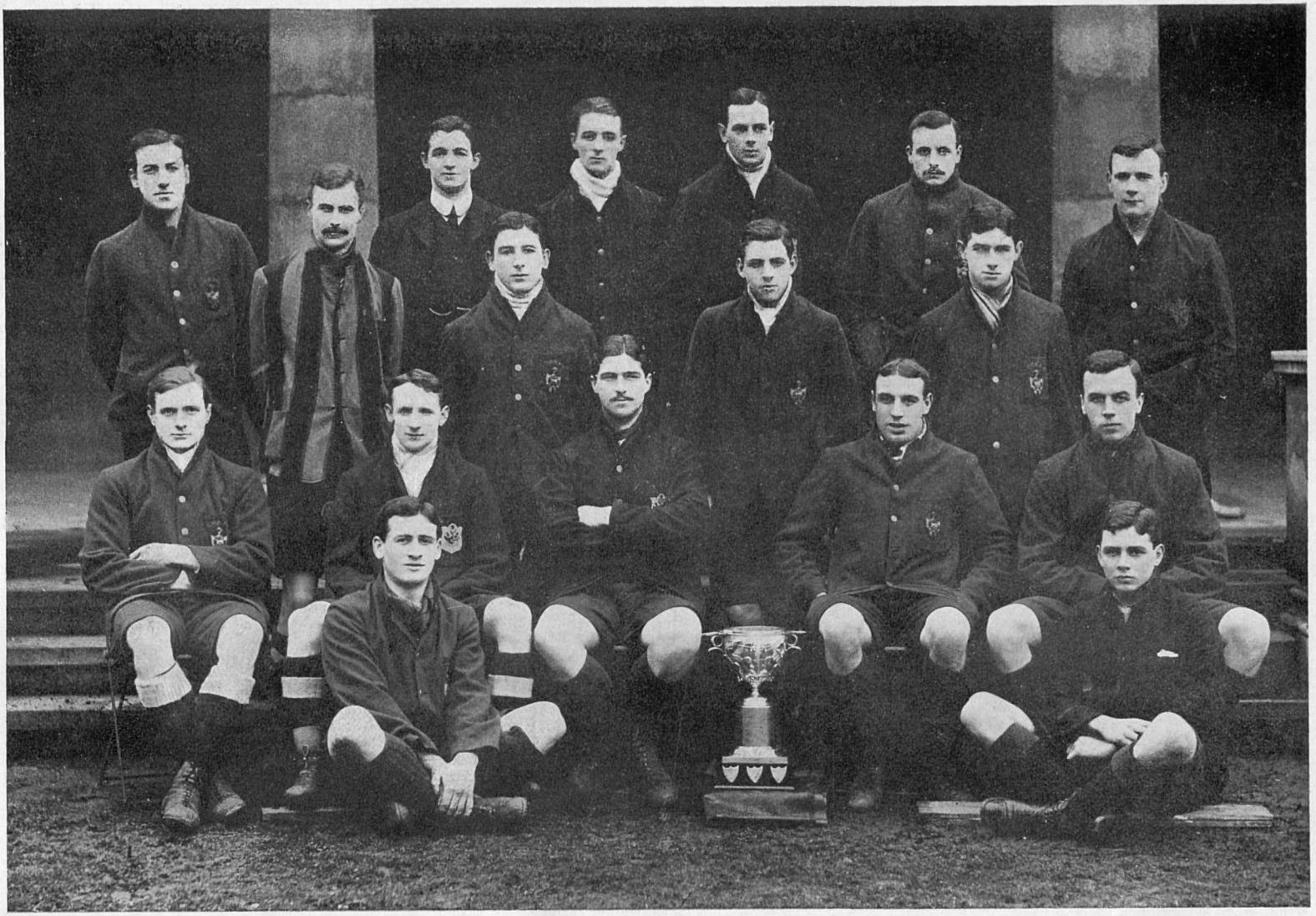
To the Editor of GUY'S HOSPITAL GAZETTE.

Qualifications in the Blue Book.

DEAR SIR,—In your issue of September 7th a "London Member" complains that certain members of the Clubs' Union "are receiving a gratuitous advertisement, at the expense and to the detriment of fellow-members," on the ground that in the list of life members diplomas are not noted.

In the first place, I should like to point out that the Clubs' Union Year Book is only circulated among members of the Union and does not reach the outside public. The list to which your correspondent refers is a Club list (see Blue Book, pp. 68–112), and it is usual in all such lists to denote by suitable letters such members as are graduates of a university. No mention is made of the university or the date of presentation. Secondly, your correspondent need have no fear that non-graduates will ever "be ranked with students and unqualified members." If he will but turn to pages 117 to 140, he will there find arranged, according to geographical distribution, the names of all qualified medical and dental men, irrespective of degree, diploma, licence,

W. E. WILLIAMS. E. MORGAN. J. G. SANER. H. LEE. H. ARCHER. A. H. CROOK.
H. L. DUKE. L. B. STRINGER. W. E. S. DIGBY. G. R. HIND.



A. ALCOCK. J. P. JONES. S. McK. SAUNDERS (*Capt.*). W. G. PINCHING. H. R. MULLINS.
P. J. MONAGHAN. G. B. PRITCHARD.

Guy's Hospital Football Club—1st XV.—Winners of the Inter-Hospital Cup, 1906-07.

race, colour, creed, or marriage. With an unbiassed mind he will be able to select the name which it is his delight to honour, and subsequently ascertain the address in the Club list. All students and residents, until they sever themselves from the hospital, are listed as "Guy's Hospital;" their names do not appear in the Clubs' Union Medical Directory, London or Provincial (pp. 117–140), neither do the names of unqualified members. There is not the slightest possibility that such an unfortunate mistake as your correspondent anticipates will ever be made.

Thirdly, Mr. Mills, the hospital librarian, has very kindly taken notes of Blue Books from most of the other London hospitals, and in no case has he found it usual for the name of the particular diploma which a member has obtained to be entered in the "Club list"; the presence of the name in the Medical Directory above mentioned signifies the possession of a qualification to practise. University degrees are invariably noted. Some years ago, by a unanimous vote, it was decided that note should be taken of those members who were Fellows of the Royal Colleges. The utmost care is taken by the librarian and business secretary to keep the address list up to date. A diary is kept of *all* changes notified, and every such notice is posted in the following number of the GAZETTE. I fancy, Sir, that your correspondent has failed to realise that the Blue Book is only circulated among members of the Union, or he would scarcely have referred to such an arrangement as a "gratuitous advertisement" for University graduates. Should he, however, still regard the matter as an existing injustice, I shall be glad if he will write to me privately, and his letter will be laid upon the table at the next meeting of the Council.—Yours truly,

H. C. MANN,
Hon. Secretary to the Union.

Association Football.

DEAR MR. EDITOR.—With the approach of another "footer" season so close upon us, I would crave a small space in your invaluable columns in which to speak to all "soccer" men at the hospital.

Firstly, a word to the senior members. Let me just exhort them to show their invaluable and continuous keenness, both on and off the field, for the success of the teams is dependent mainly upon them and their unflagging zeal *throughout* the season. During the first half of last season on two occasions only were we able to take the field with a team representative of our real strength. I trust we may be more successful in this respect during the coming season. We deplore the loss of three of our keenest and best men, but we look to the 2nd XI. and to the freshmen to fill these vacancies, and to make the old "Blues" play hard to keep their places. Again, whilst briefly reviewing in one's mind the more salient points of the past season, one fact, above all others, which must indubitably impress itself upon one is *the disappearance of the 3rd XI.* This is a serious loss, and one which had a considerable and disastrous effect upon the 2nd XI., and, in no small degree, accounts for the absence of the Junior Cup from the smoke-room. Surely, if "soccer" men displayed a reasonable amount of keenness, we ought not to find it so awfully difficult to run three teams! And a 3rd XI. *is* essential. The Hon. Sec. has had numerous opportunities of arranging 3rd XI. matches, but, bearing in mind the results of the past season, and in fairness to our would-be opponents, deemed it inadvisable to do so. However, if there is sufficient keenness displayed in the trial games, and with the brightening of our prospects, fixtures can be obtained then. I may add that excellent lists have been completed for the 1st and 2nd XI.'s, each consisting of thirty to forty games (all with A.F.A. clubs), exclusive of Inter-Hospital, London University, and Amateur Football Association cup-ties. Such an ambitious programme demands keenness and training. And now a word to "freshers." There will be trial games at Honor Oak on October 5th and 9th, especially got up for the purpose of unearthing "new blood," and I would impress upon freshmen the great importance of participating in these games, for by so doing the committee are enabled to see and adjudge their respective merits; and if, after playing in these games, one is not immediately given a place in the 1st XI., to such an one I would offer the suggestion not to become disheartened or less keen, *or join the ranks of an outside club*, for there is still the 2nd XI., and possibly the 3rd XI. Surely it is an honour to be chosen to represent one's hospital in any eleven, whether it be 1st, 2nd, or 3rd, and that fact alone should predispose to keenness. It pleases me to remember that my first two seasons were spent in the ranks of the 3rd XI., and the memories of those games I include amongst the brightest. Again, if there are amongst us any who from modesty alone have refrained from demonstrating their "soccer" abilities, such I would advise to "fish out their neglected togs" forthwith, and to temper modesty with action, instead of with inaction. Also, if there are any who have preferred to play for outside teams instead of representing their hospital, to them I would point out that this club has the prior claim, and politely confess such are *not* Guy's men. In conclusion, permit me to add that the Hon. Sec. and committee will have the greatest pleasure, at all times, in trying to be of assistance to all who may wish to further the cause of "soccer" at Guy's.

Sir, I greatly fear I have trespassed unpardonably upon your good nature and generosity, but my plea for greater keenness, and especially for the continuance of the 3rd XI., I thought to be of sufficient merit to place before you and your readers, and if this letter, because of your inestimable assistance, produces the desired results, I shall be greatly cognisant of my debt (likewise that of all keen "soccer" men) to you. Thanking you in anticipation.—Yours, etc.,

H. ROWSE BASTARD (Capt.).

Guy's Hospital,
September 16th, 1907.

Sugar, and the Aetiology of Appendicitis.

DEAR SIR,—I noted with interest the reference in "Passim" of July 27th, 1907, to Dr. Plummer's observations on Sugar, in relation to the Ætiology of Appendicitis. During two and a half years in Demerara I have seen two doubtful cases only of appendicitis, neither calling for operation, and have been struck with the rarity of the disease amongst negroes and East Indian coolies of this Colony. Sugar is naturally a very large article of food consumption, both in the form of raw cane juice, and of the famous Demerara crystals; but there is certainly a remarkable absence of appendicitis, and, I may mention incidentally, of rickets and dyspepsia among the sugar-eating population of Demerara.—I am, etc.,

9, Middle Street, A. WYLIE, M.A., M.B.
Georgetown, British Guiana, West Indies.

A Lover of Animals.*

Do the majority of us realize the utter dominion we have over the lower animals, and the thousands of small examples of this dominion that we see every day? We may think we do. If so be that anyone is so bold as to say he does, let him read this little book and compare, by introspection, his impressions of the lower animal kingdom from man's point of view, before and after studying the thoughts of Sir Samuel Wilks on the subject.

Originally delivered as an address to the Church Congress on "Do the interests of mankind require experiments on living animals?" Sir Samuel has re-published that portion which, in his own words, "Stated what our position with regard to the treatment of the animal kingdom had been before this new question arose." As reproduced here, the address is contained in a small and neat volume which can be read in half-an-hour. It is divided into sections, each dealing with a separate link between the human and the lower race. As the author himself assures us, he has written the book purely out of sympathy for those who know, or at all events realise, little of what is going on in their very midst. In the introduction we find, "There have always been those who regard the wider question as trivial compared with their own particular fad." There is no attempt made to take up a position, or to question the right or wrong of any particular case; we find just a carefully arranged sequence of sketches illustrating in words the impressions of a close observer.

Sir Samuel's great love of animals makes itself shown even in spite of himself; for though he claims to put down plain facts and comment on them with an unbiassed mind, he is compelled to stop and pity the flock of gawky animals, "monsters of our own creation," passing along the street to the shambles. He wittily condemns the term "poor dumb animal" which we so constantly hear, as a misnomer, first by defining dumbness as a human defect only, due invariably to deafness, and not associated with laryngeal trouble; and then by pointing to the proverbial gathering of rooks who noisily hold a deliberate conclave, the verdict of which is that one of their number is doomed to be pecked to death.

It is unfortunate that those whom we may term the anti-vivisectionists, that is, the great body of their supporters, should be somewhat blinded to every-day facts by the unwillingness of many, through modesty or ignorance, to discuss certain of the operations performed on both male and female animals: yet these operations countlessly outnumber those performed by physiologists and pathologists in the study of functions and diseases. It is significant that in this book the section on "Experiments on Animals" should be placed immediately after that which deals with the operations referred to. We desire no more to discuss the subject here, than, for instance, *The Zoophilist* does; but it certainly is rather amusing that a fuss should be made concerning an "infinitesimal fraction" of experimental pathology, when the bullocks in this country probably equal the circulation of the "Animals' Defender" in numbers.

We do not wish, however, to digress upon the subject of vivisection when writing of Sir Samuel Wilks' little book, because he himself so carefully and tactfully avoids the subject. We, however, heartily commend the book to everyone, both as an instruction and as a collection of the simpler thoughts of a great man.

* *The Relation of Man to the Animal World.*—By Sir Samuel Wilks, F.R.S. (The Priory Press.)

Examination Results.

THE special number of the GAZETTE is an especially suitable issue in which to comment on some of the results in London University examinations obtained by Guy's men this summer. Both in the Pre. Sci. (M.B.) and Intermediate M.B. examinations Guy's heads the list of numbers of successes, a record of which we must all be very proud. The figures given below are interesting:—

Pre. Sci. Part I.—Guy's, 11; London, 11; Epsom, 9; R.F.H., 5; Bart.'s, 4; King's, 4; Univ. Coll., 4.

Pre. Sci. Part II.—Guy's, 18; Univ. Coll., 13; Bart.'s, 12; London, 11; King's, 7; R.F.H., 6; Middlesex, 4; St. Thomas', 4; St. Mary's, 3.

Inter. M.B.—Guy's, 12; R.F.H., 9; Univ. Coll., 8; Middlesex, 6; St. Mary's, 5; St. Thomas', 5; King's, 5; London, 4; Bart.'s, 2.

Of the distinctions gained, the following performances are especially noteworthy:—

Mr. J. R. Steinhaeuser obtained the number of marks qualifying for the medal in the London M.D., 1907.

Mr. T. D. M. Stout obtained distinctions in Anatomy and Physiology, and Mr. A. N. Cox in Physiology and Pharmacology at the Intermediate M.B., July, 1907.

Mr. Frank Cook won the Special Physiology University Scholarship. Mr. Cook is only in his second year (first year as a full hospital student), and his performance, against all comers, is meritorious in the extreme. He is to be congratulated on obtaining this great success for his hospital.

"Forsan et haec olim meminisse juvabit."

At a recent dance, in the course of a conversation which ranged in a desultory fashion from the weather to the condition of the floor, and Lewis Waller's latest apotheosis as a hero of romance, it came out that I was at Guy's. To the inevitable question as to how I liked it, and whether I was a house-surgeon yet, I replied as usual in the conventional currency that it was "very jolly," and forthwith began to question in the back of my head if it were possible to convey to the ordinary person anything of the fascination of Guy's, or the strength of the bond which ties us to our hospital.

To the majority of people a hospital is always associated with poverty and suffering; it is called up into their minds with every sight of two policemen trundling a little carriage with a pair of pathetic boots sticking out from beneath a brown canvas cover; with battle, murder, and sudden death, and with every painful story of sickness and disease. To those who have worked within its walls, however, Guy's has very different associations. The memory of my hospital is always one of cheerfulness, work and good fellowship; of the patients little but a few amusing personal characteristics, for I am not one of those scientific visionaries who remember their past solely in "cases" with the appropriate number of each one's bed in his particular ward. Life at Guy's began for me, as it begins for most of us, when I got into the wards. The sense that you were doing something useful at last, the importance of your work for the credit of your firm, combined with the first vision of humanity at large and the world in little, cast a glamour over all routine. The feeling of comfort at turning into Accident ward from the Colonnade on a dark December afternoon, ostensibly to take the evening temperatures, but really to warm oneself at the fire and talk to the sister and nurses, whose fresh neatness, in contrast to the squalor of the surgery, was as a sight of home; the cheerful sparring of the men in bed, and the devotion of some Borough blackguard to the lady pupil, making him clean her brasses for her every day, and leading him to worship her for a smile and "Thank you, Number Seven;" the memory of Christmases, when you decorated your ward with enthusiasm, in the company of the probationer of your choice; the forbidden fruit of conversations at ward concerts (I speak of the past), and all work done, as it is done by most men in their heart of hearts, for some Her, ideal or real—these memories surged up with a rush.

I remembered all those jolly evenings in the dressers' rooms or on the steps of the colonnade, occasional teas as a dresser in Patience with a little red-haired Irish sister, who, as some one has recently said, collected admirers as other people collect postage stamps or butterflies; going to sleep in the College on Saturday night amid the smell of hops and cries of "murder," to wake the next morning and lie in bed listening to them singing "Onward, Christian Soldiers" in the men's wards; stump cricket in the old laundry yard, going-off suppers, cup-ties, cat hunting, mixed up with many other memories of old masters, old firms, and old friends, drifting on the steady undercurrent of the eternal attraction of a man for a maid.

The chase of Man by Superman was comparatively mild in those days, for the generation of Sairey Gamp was only just dying out. There was then no vast red-brick fortress, such as at present dominates the Park, and whence every morning the cohorts sally forth to the attack, clothed in all the panoply of war, "the sweet disorder in the dress, the winning wave, deserving note, in the tempestuous petticoat, the careless shoe-string, in whose tie we see a wild civility." Male mortality was not as high as at present, though even then we were always apprehensively interested in the latest engagement. Ever since I can remember they have been marrying and giving in marriage, and at the present rate of progress I await the day when there shall be a wedding in the chapel and an altar to Hymen in the colonnade.

Throughout the crowd of memories there moved continually that burly, bearded, slouching figure with the book under his arm, who stands to so many of us as the heart and brain of Guy's. The Superintendent, with his frown when he had a headache, with his smile, which was worth working for a week to earn, with his heartening common-sense, humanity, and hatred of a fraud, was the central figure round which these visions circulated, . . . and then I heard my partner saying, "Don't you think he's just too lovely," woke up, and replied, that Waller was certainly very good-looking and just like an ancient Roman, but that he was not nearly so amusing as George Robey. At this she went off, with ill-concealed relief from such a fool, to waltz with the pink and perfect Apollo who was the best dancer in the room, and I turned wearily to start with the next girl on George Alexander, the weather and the floor. But I did not attempt to explain the attraction of Guy's.

Guy's Hospital Clubs' Union.

THE FORMATION OF THE CLUBS' UNION, by the amalgamation of the various constituent institutions, took place in the summer of 1891. The objects of the amalgamation are to further the interests of the clubs and societies existing at the hospital by their mutual support, and to simplify the collection of subscriptions. By the payment of an annual subscription (see Clubs' Union Blue Book, p. 12) to the Clubs' Union, any student of the hospital can obtain the privilege of membership of the constituent institutions.

THE GROUND OF THE CLUBS' UNION, which is under the control of the council, is situated close to Honor Oak Park Station, on the London, Brighton and South Coast Railway, and to the Crofton Park Station on the South Eastern and Chatham Railway. It is nine acres in extent, and is the headquarters of the Guy's Football, Cricket, Athletic and Lawn Tennis Clubs. Return tickets at single fare are issued by the Brighton Railway Company. Under such restrictions as are found necessary by the committees of the several clubs, and are approved by the council of the Clubs' Union, every member of the Union has opportunities of practising and taking part in matches, and in the various sports and games. There is a large pavilion upon the ground, with dressing and lavatory accommodation. Refreshments can be obtained by members of the Union according to the tariff of the Students' Club.

THE HOSPITAL "BLUE."—The "Blues" Committee, consisting of two representatives from each associated club, award "Blues" and "Half-Blues" to members of the following teams:—Rugby Football, Association Football, Cricket, Athletic, Lawn Tennis, Hockey, Gymnastics, and Water Polo, after considering the list of men suggested by the various Clubs' Committees through their delegates. Blues are awarded half-yearly, at the end of each session, so that the Rugby Football team be represented by fifteen Blues, the Association Football by eleven Blues, Cricket by eleven Blues, and Lawn Tennis by six Blues. Blues and Half-Blues are awarded for Athletics, dependent on the recommendation of the Athletic Committee according to the performances at the Inter-Hospital Sports, while there are allotted to the Water Polo Club seven Half-Blues.

CONSTITUENT INSTITUTIONS.

THE CRICKET CLUB.—President: Sir Alfred Fripp, K.C.V.O., C.B., M.S.; Captain, E. Barnett; Hon. Sec. and Treasurer, H. Archer.

Matches are played throughout the summer session, fixtures being made for three XI.'s. There are both a Senior and Junior Inter-Hospital Cup. Guy's has won the Senior Cup fifteen times since its inauguration in 1882. The Junior Cup has been in existence four seasons. Guy's have won it twice.

Practice matches are held early in May, and all freshmen should put their names on the list. Blues are given to the members of the Cup team.

The Annual General Meeting will be held in October.

THE FOOTBALL CLUBS.—President: Frederick Taylor, Esq., M.D. Rugby—Captain: J. P. Jones. Hon. Sec.: L. B. Stringer. Captain, 2nd XV.: R. S. Bennett. Captain, 3rd XV.: G. A. Blake; and a committee of five, one representing each year. Association—Captain: H. R. Bastard. Hon. Sec.: C. A. Wood. Captain, 2nd XI.: V. Townrow. Captain, 3rd XI.: C. Reckitt; and a committee of five, one representing each year.

The Rugby Football Club has now been in existence for over sixty years, the season 1906-7 being the sixty-third. Very little is known of its early history. Among the many well-known players who at one time or other have appeared for Guy's may be mentioned the following international footballers:—A. W. Pearson, W. W. Pinching, A. H. Jackson, L. Stokes (Captain 1877-8), A. S. Taylor, W. G. Mitchell, A. Allport, H. W. Dudgeon, A. Alcock, H. Lee (England), H. M. Jordon, E. Morgan (Wales), R. Evans (Scotland), F. O. Stokes (Ireland).

The Inter-Hospital Challenge Cup was instituted in 1874, and Guy's had the honour of being the first to win the annual competition. Since then Guy's has held the Cup eleven times, St. Thomas's ten times, London four times, St. George's three times, St. Bartholomew's twice, and Middlesex and St. Mary's one each.

In 1891, Guy's, Middlesex and St. Thomas's were left in, the ties not being played out.

Last season we beat St. Thomas's and University College, and in the final we met London, whom we beat, thus regaining the Cup, which they had wrested from us last year. The 2nd XV., however, were beaten by London in the final round of the Junior Competition.

We look forward to another successful season this year, and if men continue to show the keenness of former years, there is no reason why we should not have both Senior and Junior Cups in the smoke-room next year.

The new hot-water arrangements at Honor Oak Park are sure to be appreciated by all players. The three XV.'s have all excellent fixtures, and trial games will be held at the commencement of October.

For the benefit of freshmen in particular, we may state that lists will be put up in the smoke-room, on which intending players should place their names as soon as possible. The officers of the club will at all times be very glad to give any information in their power.

The Association Football Club began its career in 1882, and has been carried on with much success since that time. In 1886 the Inter-Hospital Challenge Cup came into existence, and was won by Guy's for the first four

years after its institution; during these years the Hospital twice won the Surrey County Challenge Cup. In 1894, 1897, 1903, and 1904, we again secured the Inter-Hospital Cup, making in all eight times. Last year the 1st XI. were again successful in the Inter-Hospital Cup Competition, beating London in the final. The 2nd XI., however, were not so successful, the reason being that there was no 3rd XI. at all, and the 2nd XI. had thus nobody to fall back on. Early in October, trial games at Honor Oak will be arranged, more especially for the benefit of freshmen, and it is hoped that no freshman interested in "soccer" will hesitate for any reason to avail himself of this opportunity of proving his worth on the field, for it is largely on the result of these games that his later inclusion in the team depends. Notices of the trial games will be duly posted in the Smoking-room of the College. In the next issue of the GAZETTE a complete list of the season's fixtures will be given. The Club has entered for both the Surrey Senior and Junior Cups.

THE LAWN TENNIS CLUB.—President: W. Arbuthnot Lane, Esq., M.S. Vice-President: J. Fawcett, Esq., M.D. Captain: M. M. Earle. Hon. Sec.: F. J. Cutler, and a committee of six students.

The Lawn Tennis Club was founded in 1888. Two teams are run during the season, which starts on May 1st and finishes at the end of July. There are two Inter-Hospital Cups. This year the first six were runners up, being beaten by St. Thomas's in the final. The second team were beaten in the first round. Last year we won the Junior Cup. A trial game is held early in the season, and a tournament is held during the session.

THE ATHLETIC CLUB.—President: R. Clement Lucas, Esq., B.S., F.R.C.S. Hon. Secs. and Treasurers: W. H. Watson and S. H. Browning, and a committee of eleven. The annual summer meeting is held in June, at the Clubs' Union ground. The team which represents Guy's in the Inter-Hospital Sports is chosen on the results of our sports, and successful competitors are awarded "Blues" and "Half-Blues." There is also a contest between the United Hospitals and Dublin University annually.

In connection with the Athletic Club there is a Cross-Country Club, which has runs every Saturday and races with the leading London clubs, and the Universities of Oxford, Cambridge and Dublin. Half-Blues are awarded in the Inter-Hospital Cross-Country Race. Full particulars and notices of all club matters are to be found on the colonnade notice-board.

THE RIFLE ASSOCIATION.—President: Sir Alfred Fripp, M.S., C.B., K.C.V.O. Vice-Presidents: G. Newton Pitt, Esq., M.D., A. P. Beddard, Esq., M.D., L. A. Dunn, Esq., M.S., F.R.C.S., M. S. Pembrey, Esq., M.D., R. P. Rowlands, Esq., M.S. Captain: C. B. Ticehurst. Hon. Sec.: H. J. Henderson, and a Committee of five.

The Rifle Club is a constituent unit of the Clubs' Union, and all members of the latter are members of the former without extra subscription. Men who are not members of the Clubs' Union can join the Rifle Club by payment of an annual subscription of five shillings.

The club was founded in 1883, and, with the exception of one or two seasons, has flourished since that date. The season just concluded has been in every way successful.

The team won both the Inter-Hospital Cups, the Bisley Cup being retained with a score of 260, while the Armitage Cup was won with a total of 1536, the score made on the last day, viz., 528, constituting a record since the origin of the competition. Two matches were shot during the season, both of which were won.

Thanks to the generosity and kindness of our President, Vice-Presidents, and others, a very successful prize meeting was held in June.

The club possesses a rifle for the use of members during the season. It also subscribes annually to the United Hospitals' Rifle Club, thus entitling our members to compete at the U.H.R.C. prize meeting, and also to enjoy all the privileges of membership.

The Annual General Meeting of the club will be held during October, and our President, Sir Alfred Fripp, has kindly promised to take the chair. Notices will be duly posted in the smoking room and colonnade, as soon as the date is fixed. It is to be hoped that all who are interested in shooting will make an effort to be present.

Any further particulars may be obtained from the Hon. Sec., who will also be pleased to hear from any new men as to their abilities with the rifle, as an aid to the selection of teams during the season which commences next May.

THE HOCKEY CLUB.—President: F. J. Steward, Esq., M.S., F.R.C.S. Vice-Presidents: A. W. Ormond, Esq., F.R.C.S., and C. H. Fagge, Esq., M.S., F.R.C.S. Captain: G. W. Dryland. Vice-Captain: C. B. Ticehurst. Hon. Sec. and Treasurer: G. Y. Thomson.

During the last season it was impossible to run a regular team, owing to our inability to secure a ground, but matches were arranged towards the end of the season to enable the team to practise together for the Inter-Hospital Cup Tie.

A match against Woolwich Garrison ended in a decided victory for the hospital by 7–4, the team showing promising form.

In the Cup Ties we beat St. Bartholomew's Hospital by 2–0, and in the final we beat St. Thomas's, the holders, by 4–0, after having played a drawn match of 1–1 with them, thus securing possession of the Cup for the second time in the four years in which it has been in official existence.

Half-Blues have been awarded for hockey for the first time, and the following gentlemen have received them;—

H. H. Moyle, H. Archer, H. L. Duke, W. T. Clarke, M. Leckie, G. Y. Thomson, F. Morres, F. A. Dick, G. W. Dryland, C. B. Ticehurst, L. G. Davies, and H. V. Gibbons.

Several matches have been arranged for the coming season, and in the event of our being able to get a ground of our own, more will be arranged. Many of the playing members of the club have joined the Blackheath Hockey Club.

All freshmen playing hockey should make themselves and their qualifications known to the secretary or captain, G. Y. Thomson and G. W. Dryland.

THE SWIMMING CLUB.—The Guy's Hospital Swimming Club was formed in 1892, under the presidency of Mr. A. D. Fripp. The Inter-hospital Water Polo Cup Competition was instituted in the same year, and Guy's have entered for the Cup every season since, winning the competition four times, and halving it after three drawn matches with St. Thomas' in 1905.

The following are the officers of the Club:—President: Sir Alfred Fripp, K.C.V.O. Vice-Presidents: C. H. Fagge, Esq., M.S., R. P. Rowlands, Esq., M.S., J. Lewin Payne, Esq., L.D.S., and Graham Marshall, Esq., L.D.S. Captain: P. S. Price. Hon. Secretary and Treasurer: M. E. Ball.

Besides the Cup Competition, there is an annual Inter-hospital Team Race Competition. Last year we beat London, St. Thomas', and St. Bartholomew's at Water Polo and obtained the Cup, scoring twenty-three goals to three in the Competition. At Team Racing we were not so successful, beating St. Thomas' in the first round, but losing to Charing Cross in the second.

A Costume Entertainment has been held during the last two seasons, and it is hoped to arrange another next year.

Students, by the courtesy of the Matron, are allowed to use the swimming bath in the Nurses' Home on alternate week-days and Sundays. Opportunities for practice, both at polo and racing, are thus abundant.

The Annual Meeting, which all freshmen interested in swimming should attend, will be held early in the new year. Notice will be given on the board in the colonnade.

THE PUPILS' PHYSICAL SOCIETY.—Hon. President: Sir Samuel Wilks, Bart., M.D., LL.D., F.R.S. Hon. Vice-Presidents: J. F. Goodhart, M.D., LL.D.; Sir Henry Howse, M.S.; P. H. Pye-Smith, M.D., F.R.S.; G. H. Savage, M.D. Hon. Secretaries: G. W. Nicholson, M.D.; W. M. Mollison, M.C., F.R.C.S.

This flourishing society was founded in 1830, on the plan of the old Physical Society, which existed during the latter part of the eighteenth century at Guy's Hospital.

At the Pupils' Physical Society, which meets each fortnight on alternate Wednesday and Saturday evenings, a paper on some subject, not necessarily of medical interest, may be read by any member, to be followed by a discussion. "Clinical and Pathological Evenings" are devoted to the exhibition and discussion of interesting cases or specimens which may be shown by any member. Members are reminded that in connection with the Society the following prizes are offered for competition: The Treasurer's Prize of £5 is given annually, and the subject of the Essay for the ensuing session is "An Essay on the Diagnosis of Acute Abdominal Conditions." The Society offers a prize of £10 for the best paper read during the session; a prize of £5 to the member who distinguishes himself most in the discussions; and a prize of £5 to the member who exhibits the best specimens of scientific interest during the session.

THE DEBATING SOCIETY.—President: G. H. Savage, M.D., F.R.C.P. Vice-Presidents: J. Fawcett, M.D., E. I. Spriggs, M.D., A. W. Ormond, F.R.C.S., M. S. Pembrey, M.A., M.D. Hon. Secretaries: D. Reynolds, A. Neville Cox, and a Committee of six students.

The Society has now reached its sixteenth year, having been founded in 1892, with Dr. Pavy, F.R.S., as first chairman. It has always been one of the most popular of the constituent societies. The subjects for debate are chosen so as to afford equal interest to both senior and junior men. There are, during the session, five ordinary meetings, a "Ladies' Night," and an annual dinner. The meetings are held on one Saturday evening each month in the smoking-room, and the subject for debate is advertised a full week before each meeting. The first meeting will be held on October 12th, at 8 p.m., when Dr. Savage will take the chair.

THE GUY'S HOSPITAL GAZETTE.—The GAZETTE is published on alternate Saturdays throughout the year, and can be obtained from the Librarian. Each member of the Clubs' Union is entitled to a copy of each issue throughout the year; after five years, when he has become a life member of the Union, he is required to pay an annual subscription to the GAZETTE (and Reports) if he desire to continue taking them.

All Guy's men are invited to contribute to the GAZETTE, and all articles, accompanied by the sender's name, not necessarily for publication, should be placed in the Editor's box in the colonnade at least by the Wednesday preceding the next issue.

THE GUY'S HOSPITAL REPORTS.—Edited by F. J. Steward, M.S., and Herbert French, M.A., M.D.

The Reports are published annually in October, and each subscriber to the Clubs' Union is entitled to a copy, which he may obtain in the Wills Library from the Librarian. Each volume contains papers by members of the Staff of the Hospital and Medical School upon original work done in the Hospital during the preceding year; it also contains a list of the gentlemen who have been educated at Guy's Hospital, with the appointments

they have held during the year, the examinations they have passed, and the prizes and honours they have won. The first volume appeared in 1836; copies of the earlier volumes can be obtained from the Editors. The value of this annual publication is obvious, and every Guy's man is proud of the original papers of its Staff, from those of Addison, Bright, and Hodgkin to those of the present day.

THE CHRISTIAN UNION.—The Christian Union was started in 1849 by Dr. Habershon and Dr. Golding-Bird, who held meetings in their houses for students of Guy's and St. Thomas's Hospitals. Since that time similar institutions have been formed in all the London hospitals.

The Christian Union is now a part of the Student Christian Movement of Great Britain, which, again, is part of a world-wide brotherhood of Christian students, known as the World's Student Christian Federation. This movement was started in 1893, as an outgrowth of the Student Volunteer Missionary Union, which was formed in the previous year through the interest awakened by visits paid to several Universities and Colleges by Messrs. Stanley Smith and C. T. Studd, prior to their departure as missionaries to China, and also by the visits of Messrs. Forman and Wilder, who told of the growth of missionary enthusiasm in the colleges of America. At that time religious societies among students existed in only twenty British Colleges; to-day there are Christian Unions in 121 Colleges and Universities, with a membership of 4,500. The World's Student Christian Federation has a membership of over 103,000 in 40 different countries. Every year a summer camp conference is held at Conishead, with an attendance of about 600. During the Winter Term, conferences are held in London, and the last two years large gatherings of students have been held in the Mansion House and Guildhall.

The objects of the Christian Union are to lead students to become disciples of Jesus Christ, and to promote their spiritual life by regular meetings for prayer and Bible study.

The Missionary Society holds meetings every month.

During the Winter Term it has been arranged to hold a monthly meeting, at which an address will be given. Every week meetings will be held for conversational Bible study. Prayer meetings are held every day. The speakers and time of meeting will be announced later. Hon. Secs., F. D. Berry and H. A. Sanford.

THE STUDENTS' CLUB.—Committee till 1908 (March). President: W. Hale White, M.D. Treasurer: John Fawcett, M.D. Hon. Secretary: H. C. Cameron, M.B. Hon. Assistant Secretary: G. Hamilton, M.B.; and a committee of eight.

The above named manage the affairs of the Club, a full account of which will be found in the Clubs' Union Blue Book, p. 54.

Guy's Hospital Musical Society.

President: Lauriston E. Shaw, Esq., M.D. Conductor: Mr. Henry Taylor. Orchestral Section Conductor: H. L. Eason, Esq., M.D. Representative: W. M. Mollison, Esq., F.R.C.S. Secretary: E. L. Martyn Lobb.

The Society is composed of three sections:—The Nurses' Choral Society, The Students' Glee Club, The Orchestral Society. It is now entering upon its thirteenth season, and looks to the support of all, especially freshmen, to enable it to repeat the successes of previous years. The repertoire includes "The Banner of St. George," "The Revenge," "May Day," and other well-known cantatas, and numerous part songs, glees, and madrigals. Practices are held every Friday, at 5 p.m., in the Court Room over the Counting House (entrance in the Front Quadrangle), and on alternate Fridays a combined practice is held with the Nurses' Choral Society, at 8 p.m. Practices last one hour, and notice of same, together with list of officers and members, and other information, will be found posted on the Society's notice board opposite Astley Cooper Ward. All men interested are given a hearty invitation to join either the orchestra or chorus, and to send their name in to any of the officers. Two concerts are given each season, one in December and the other just before Lent. No subscription or voice test for ordinary members. Hon. members are elected on payment of a minimum subscription of 5s. per annum, which entitles them to one half-crown ticket for each concert. The Secretary will be glad to receive the names of any intending subscribers.

Guy's Physiological Society.

PERHAPS this is not an inopportune moment to call the attention of first year's men to the Physiological Society. This Society was instituted several years ago by Dr. Pembrey, whose object was not only to encourage physiological study among students of the hospital, and to promote interest in allied sciences, but also to provide a way for men to give expression of their views in debate and acquire the ability to speak in public. Each year the Society has increased its membership, and hough essentially for men reading for their second or equivalent examination, yet draws many members from other years. Dr. Pembrey is the President, and we feel we are only voicing the feeling of the whole Society when we say, long may he remain so.

The Society has a library, small at present, but being constantly enlarged, not only by gifts of books, but by purchase with surplus funds. Members may propose any book of Physiological interest to be purchased, and, subject to the general wish of the Society, this is at once

done. In this way it is hoped in a few years' time to get together a really valuable and useful collection of scientific works.

During the past two years many members have been engaged in experiments on "Stitch" and second wind. For this purpose a "Stitch Committee" was formed, and a really useful amount of work was done. Dr. Pembrey has himself done a great deal of work on behalf of this committee, and undertook the editing of the results of experiment obtained. Details will appear, we believe, in the next edition of Guy's Annual Report. It is to be hoped the Society will interest itself in some other investigating work during the coming Session. Besides being interesting and instructive, results may legitimately be expected to be obtained which may have a far-reaching effect.

At the conclusion of last Session, for the first time in its history, the Society held a dinner in the Students' Club. This should become an annual affair, for other Guy's societies have an annual dinner, and the first one was a great success.

The Annual General Meeting for the election of officers and for general business will be held early in October. It is hoped that men will again do their best to make the Society more interesting and more prosperou than ever.

The Society is not incorporated in the Clubs' Union, but the annual subscription is only half-a-crown, and the payment of three annual subscriptions entitles students to life membership.

The Dental Society.

President: F. J. Pearce, Esq., L.D.S. Hon. Secretary and Treasurer: R. M. King.

The object of this Society, which was founded in 1894, is the promotion of interest in Dental subjects, and the discussion of Dental topics. Papers are read before the Society each month, and a prize (value £5) is awarded for the best paper read before the Society during the session. Casual communications are invited at all meetings, and a prize (value £1) is awarded at the end of the session for the best set produced.

One meeting during the session is set apart for the examination and discussion of cases of special interest, the patients being brought up for examination.

The meetings are held every month during the winter session in the Physics Lecture Theatre, adjoining the Conservation Room. The meetings take place at 4 p.m. on the second Friday in the month, and tea is served before the meetings in the basement of the Dental buildings for members attending the meetings. New men are strongly urged to attend and take part in these meetings, which, in the past, have proved instructive as well as interesting.

(This Society is a branch of the Clubs' Union.

From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS.

Birth.

ROBINSON.—On September 11th, at 105, Park Lane, Croydon, the wife of J. F. Robinson, F.R.C.S., of a son, still-born.

Marriages.

DAVIDSON—VAN PELT.—On September 17th, at Uijmegen, George Gillies Davidson, M.D. Oxon, to Theodora van Pelt.

DOUSE—CACKETT.—On September 4th, at Christ Church, Beckenham, by the Rev. John Rooker, M.A., Vicar, John Freeman Douse, M.R.C.S., L.R.C.P., of Lydhurst Avenue and Hill Side, Streatham Hill, younger son of T. Le Marchant Douse, Esq., B.A. (formerly for many years on the managing staff of the University of London), to Ethel Mary, younger daughter of Benjamin Cackett, Esq., and Mrs. Cackett, of "The Briars," Beckenham.

GAITSKELL—WILD.—On September 5th, at St. Margaret's, Westminster, Charles Edward Gaitskell, M.R.C.S., L.R.C.P., to Ethel Linda, daughter of Robert Wild.

MANSER—COURTENAY.—On Wednesday, the 11th September, at St. Peter's Church, Tunbridge Wells, by the Ven. Archdeacon Scott, the Rev. Edward Davis, Vicar of Chevithorne, Devon (uncle of the bride), and the Rev. John Taylor, Tunbridge Wells, Robert Marsack, younger son of Frederick Manser, of The Priory, Tunbridge Wells, to Gertrude Rebecca St. John, only daughter of the Rev. Charles Courtenay, Vicar of St. Peter's, Tunbridge Wells.

Death.

LANE.—On July 15th, at Sarkerpore, Oude, India, accidentally killed, John George Agilby Hugh Lane, M.D., M.S., F.R.C.S., youngest son of J. W. Lane, M.D., aged 35.

ED.—M. E. B.

GUY'S HOSPITAL GAZETTE.

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Passim.

THE first of October has come and gone, and all the newcomers have settled down to their routine work and are rapidly forgetting that a few days ago they were strangers to the Hospital. The passing of the first day of the term, so like Valentine's Day in a rookery, is rejoiced at by many of the older men as well as by the freshers It is just like question-time in the House of Commons. Nowadays there is no longer any doubt as to the shortest way from the Commissionaire to the College. The appreciation of small boys who call one "Doctor" is quickly diminishing, and giving place to mild irritation at the factory girls who noisily take notice of the absence of one's hat, and even comment unnecessarily upon the colour and length of one's hair. One is becoming seriously interested in the particular form of sport for the session, and already can see oneself in a cup team next February, being cheered on by the whole Hospital.

THE following gentlemen are to be congratulated on their success in the Entrance Scholarship Examinations:—Mr. J. G. Saner, Caius College, Cambridge, Senior Science; Messrs. J. F. Mackenzie and R. D. Passey, both of Guy's Hospital, Junior Science; Mr. C. S. L. Roberts, Cheltenham College, Entrance Scholarship in Arts; Messrs. G. D. Eccles, Plymouth College, and G. F. Romer, Malvern College (equal), Entrance Scholarship in Arts.

WE publish in another column a letter from an old Guy's man on the subject of the Commentary Cases we published a month or two ago. His suggestion that the prize answers should be given in the GAZETTE we can hardly say we agree with. It would at least be a novelty; but the principle of publishing candidates' answers to examination papers, even should the competitors agree to such a proceeding, which is most unlikely, is very doubtful. How many of us would like to think that the journalistic efforts we produce as we sit biting our nails and watching the clock, were to be published and read carefully by many? We generally hope they will be perused, not too carefully, by only one. We mention this, though, not so much on account of the cases we have published as to call the attention of old Guy's men to the fact that readers of the GAZETTE are always interested in "Cases for Diagnosis." We could only wish that more of such cases as are suitable to be published in this way would be sent along. The busy man, who has little time for text-books, is always glad to have the report of a good case shortly placed before him, and to be certain of what the "diagnosis on the last page" will be.

ANOTHER letter we publish in this issue, which, as we noted, was written about ten years

ago, has been sent on to us by a member of the Hospital Consulting Staff. The variation in the position of the nipple and its relations to the ribs or intercostal spaces, is an old question, and one which has been discussed again and again. It is still made use of in text-books, of course, but we doubt if half-a-dozen people in the medical profession would use the nipple as their sole guide when mapping out a heart. The chief interest to us of this letter lay in the photograph which accompanied it, but which we refrain from publishing. It goes to prove the point of the writer's remarks very well, and its subject might have been the very source of Artemus Ward's famous remark, which our correspondent quotes.

We hear that the German class for qualified men and students, which Herr A. G. Haltenhoff started at Guy's two years ago, has been very successful, and will be continued also during the new session. Considering the importance of a knowledge of German for any medical man who wishes to follow the progress in medical matters in Germany and Austria, a facility for studying German conversation and reading at the Hospital will be welcome to many. The hours at which the classes are held are arranged to suit the majority of the class. Those wishing to join should communicate with Herr A. G. Haltenhoff at the College.

The Football Clubs are beginning their work this season, and the officials of both variations of the game are in search of new blood to fill the vacancies in last year's teams. The Rugby Club, who, we are informed, will lack the assistance of Saunders, Alcock and Pinching this season, had a trial game on Wednesday. Several of the new men appear to possess some weight, but no great discovery was made. It will be difficult to find three men to make up for such a tremendous loss in the scrum. Fortunately we have still the whole of last year's backs with us, and they very clearly proved themselves equal to all occasions; but if we cannot produce a scrum which will occasionally give our halves the ball, we can scarcely hope to repeat our great success of last season. It is to be hoped that we shall quickly find what we want, so as to give the new pack a full season's practice together.

In the Association team there are also three vacancies to be filled, and their search for new men will consist in two trial matches, to-day and next week. We sincerely hope that both clubs will quickly get regular teams going, and that the great anxiety of the various officials will have passed away by the end of the month.

While speaking of football, we should like to suggest that those who go down to Honor Oak to watch the various home matches should patronise the stand more than they did last season. The erection of the stand was a great expense to the Clubs' Union, and the cost of putting it up can only be defrayed by the money paid for admission. Except when matches of exceptional interest are being played, the stand might as well never have been erected. A great number of the spectators at most games are members, who do not pay for admission to the ground, and the amount of the gate-money taken is therefore, as a rule, very small. We hope that members will bear this in mind when they are on the ground, and not regard the stand as merely a shelter for rainy weather.

The opening meeting of the Debating Society is fixed for Saturday evening, October 12th, when the first subject for discussion will be our present treatment of criminals in prison, and the proposer will ask the House to condemn such treatment as having little or no effect on the moral character of the prisoners. This subject seems to us very much better than many we have heard discussed by the Society, bristling with points to be touched on, both by the serious, the humorous and the cynical. Personal remarks at the Debating Society are, of course, an old institution, and lead to nothing but merriment; but we must advise the bolder of our humorists to be careful of close-cropped members of the junior staff. We hope a record attendance will gather, both to welcome Dr. Savage, who once more has promised to show his great interest in the Society, and to join in the discussion of such a subject of—well, public interest. We have published a letter in the correspondence column which should be of special interest to our criminologists.

The famous *Vanity Fair* portrait gallery has added to its number an excellent caricature of Sir Alfred Fripp, published last week. The likeness, perhaps, is not all that could be desired, but the attitude and expression of our "social and surgical Leo" are quite good.

We wish to acknowledge a donation to the Miller fund of one guinea from Mr. C. D. Pye-Smith.

Tuberculosis.

Notes on Tuberculin Treatment and Tuberculo-Opsonin Diagnosis.

Treatment.—The practical treatment of localised tuberculosis by means of tuberculin is still regarded by many as a mysterious process hedged in by cabalistic words and phrases and illustrated by weird curves and diagrams, or so it would appear, if one may judge by the fragmentary acquaintance with its fundamental principles that is so frequently displayed. But the rapidly increasing number of both in- and out-patients under treatment by the Bacteriological Department by the injection of suitable bacterial vaccines affords evidence of the prominent position assumed by these novel therapeutic agents in the practical medicine of to-day, and suggests the propriety of briefly outlining the rationale of the process and its initial stages.

Without entering into details of the experimental observations upon immunity which form the basis of these methods, it will suffice for our present purpose to say that the introduction into the tissues of a sub-lethal dose of a given bacterium provokes the formation of specific antibacterial substances, which are demonstrable in the blood serum; and certain of these substances, known as "opsonins," by their action upon foreign particulate matter, enable the leucocytes to fulfil their phagocytic function. These opsonins can be estimated quantitatively by a cumbersome and inexact process which, nevertheless, permits comparisons to be established which are sufficiently accurate for clinical purposes, so that by the quantitative estimation of the "tuberculo-opsonin" it is possible to gauge the individual's resistance to invasion by the tubercle bacillus —and upon the intelligent interpretation of the movements of the index recording the amount of this tuberculo-opsonin depends the success of the treatment.

The therapeutic agent employed is that tuberculin known as Koch's new tuberculin, or T.R. (which is prepared by thoroughly washing the bodies of tubercle bacilli in water to remove the soluble or intracellular toxins, then reducing the bacterial protoplasm to a state of fine division by grinding, and finally suspending the broken-up protoplasm in 20 per cent. glycerine solution), and before proceeding it will be well to recapitulate the phenomena which follow the introduction of a small quantity of this tuberculin into the tissues of a tuberculous patient. In the early observations the first effect noted was a diminution in the amount of opsonin present in the serum, a diminution which persisted for a period of a few days or weeks according to the size of the dose employed, and to this period the term "negative phase" was applied. After a time, however, the amount of opsonin demonstrable in the blood increased until it bulked as large as, or larger than, before the commencement of the experiment, and the "positive phase" became an accomplished fact. After remaining at the higher level—more or less in a position of equilibrium—for a time, the amount of opsonin present declined until it returned to, or near to, its original level, a period varying from some days to three or four weeks being required for the completion of the cycle.

Later observations have confirmed the general accuracy of these observations, but have shown, in addition, that the response of the individual to an injection of a small dose of tuberculin is much more prompt than was at first suspected, and that during the first hour or two after an injection a slight and transitory, but perfectly definite and recognisable, rise takes place in the amount of opsonin present in the serum, and is then followed by the negative phase already referred to.

The explanation of these phenomena is that in all probability a small fraction of the inoculum escapes into the general circulation before the bulk of the injection has been dealt with, and provokes the immediate formation of a correspondingly small amount of opsonin, which thus appears in the serum within a very short time, and accounts for the preliminary rise in the index. This opsonin, however, is rapidly used up, and at the same time there is also the possibility that certain organs, the kidneys in particular, require time to adapt themselves to the increased production of opsonin, and a certain amount of this newly-formed opsonin is at first eliminated in the urine, thus producing the negative phase, while during this phase there is no doubt that the individual's resistance to the toxic and destructive effects of the tubercle bacilli is distinctly lowered. So soon, however, as the tissues have recovered themselves the opsonin, being formed at a greater rate than it is utilised, accumulates in the serum and gives rise to the positive phase. Finally, when the dose of tuberculin has produced its total effect, the opsonin production falls to its original rate, the accumulated stores are gradually used up, and the index gradually sinks away to its former level. A further dose of tuberculin is then required, when the entire set of phenomena are again repeated.

A point of extreme importance is that if a second injection is administered during the negative phase resulting from a previous injection, cumulation of negative phases occurs, often with disastrous results; but, on the other hand, an injection given during the positive phase resulting from a previous dose leads to no cumulation of positive phases, the ordinary sequence of events progresses practically as if no previous inoculation had been made. Consequently it may be laid down as an axiom that every injection must be considered as an entirely separate entity.

Now, how are these observations applied to the actual treatment of a case? Obviously, as we are unable to produce accumulation of positive phases, we must aim at producing a short and slightly-marked negative phase, a well-defined positive phase and a lengthy phase of equilibrium, to obtain the best results. Before commencing the treatment it is of advantage to obtain some idea of the amount of opsonin present in the blood. This is done by making one or two preliminary estimations at intervals of a few days. Next we inject a dose

of tuberculin, and it is of advantage to commence with a small dose (and if the patient's index is much below normal, the smaller the better), and gauge its effect by observing the opsonic index each day or every other day till the cycle is completed. Probably ·00005 mgr. tuberculin is about the smallest dose that is capable of provoking a response in an adult, and usually with this dose the negative phase has been replaced by the commencement of the positive phase within twenty-four hours, but the positive phase is correspondingly short, and the entire cycle is frequently completed in a week, or even less. Such a response to a therapeutic agent can hardly be considered adequate, and under such circumstances for the second injection the dose is increased, and the observations continued. When that dose is found which produces a negative phase not extending over more than forty-eight hours, a positive phase which rises well above normal, and yields an "equilibrium" stage of from seven to ten days' duration, or even more, then that dose must be repeated whenever the index shows signs of tailing off below normal; and it is worth emphasising the fact that so long as any given dose is producing an adequate result, it is the greatest possible mistake to increase it, for the sole object we have in view in injecting tuberculin is to keep the patient's opsonin-producing apparatus in full working order, but never to overstrain it. Therefore it must only be when any given dose fails to produce its customary reaction that we should be tempted to substitute a larger injection. The next question is, for how long should injections be continued? The answer to this is simple—until we are in possession of strong clinical evidence of cure, and until the opsonic index rests at or close to the normal line, and even large doses of tuberculin fail to produce those movements of the index which we have already discussed as following the introduction of tuberculin into the subcutaneous tissues of the *tuberculous* individual.

Diagnosis.—The amount of tuberclo-opsonin present in a patient's blood serum is often of considerable value in differential diagnosis, and estimations of the index can be utilised for this purpose in various ways. In the first place it may be stated, as the net result of a very extended series of observations upon samples of serum derived from normal, or at all events non-tuberculous individuals, that the amount of tuberculo-opsonin present is very rarely far removed from unity, which is selected to represent the absolute normal—the maximum and minimum deviation being usually placed at 0·8 and 1·2 respectively. Hence, while an intermediate index possesses no positive value, an index either lower or higher than those represented by the above figures *should* indicate tuberculous infection. Unfortunately for those who seek a royal road to diagnosis this is not invariably the case. A diagnosis based upon a high index is, however, less likely to be upset than one depending upon a low index, as it is difficult to conceive of an abnormally large production of any particular antibacterial substance, in nature, except in response to the stimulation provided by an actual infection, and in point of fact it is of common occurrence to record indices in cases of acute infection quite as high as those which are observed during the course of active immunisation by means of tuberculin. On the other hand, many instances of extremely low indices have been recorded in cases where there has been absolutely no question of tuberculous disease—quite as low as those which are commonly observed in chronic localised infections. Again, in the normal as well as in the tuberculous female the tuberculo opsonin content of the serum falls markedly during the menstrual period.

Consequently an isolated estimation yielding an index above 1·2 is presumptive evidence in favour of tuberculous infection, evidence which becomes stronger the higher the index ascends; between 1·2 and 0·8 is of no assistance whatever in diagnosis; below 0·8 favours a diagnosis of tubercle, it is true, but if unsupported by other evidence is of little value.

A second method of utilising the tuberculo-opsonin index as an aid to diagnosis depends upon differences in thermo-stability exhibited by normal opsonins, on the one hand, and "immune" opsonins (those which are formed in response to active infection or the injection of vaccine) on the other. The former are highly thermo-labile, and are completely destroyed by exposure to a temperature of 60° C.; the latter are more stable, and are not wholly destroyed by such treatment, and therefore the comparison of the tuberculo-opsonin index of "heated" and "unheated" samples of the same serum should have a distinct diagnostic value. The stability, however, of "immune" tuberculo-opsonin is not very highly marked, and as this difference is one of degree, not of kind, it has but little practical value and brief mention of this method is all that is necessary.

The next method at our disposal depends upon the fact that the discharge into the tissues of tubercle bacilli and their toxins directly from a tuberculous focus —an autoinoculation—will initiate a similar cycle of phenomena to that already described under *Treatment* as following the injection of a dose of tuberculin. Such an autoinoculation can readily be provoked by palpation, percussion, and other physical means of examination applied to the infected tissue or organ. Thus the general depression and exhaustion often exhibited by the phthisical patient on the day following a thorough examination of his chest, marks the negative phase consequent upon the autoinoculation induced thereby, and a series of estimations of the tuberculo-opsonin content of the serum previously to and at short intervals after such an examination, will reveal the characteristic sequence of negative and positive phases associated with the injection of tuberculin.

Similarly, suitably planned examinations of, for example, an enlarged testicle or a swollen joint, will produce variations in the tuberclo-opsonin content of the serum only when *B. tuberculosis* is responsible for the lesion, the index remaining to all intents and purposes stationary when the lesion is due to some other cause.

Finally and preferably, we may substitute a suitable dose, *e.g.*, ·0002 mgr. Tuberculin (T.R.), for the unmeasured and unmeasurable dose administered during

an autoinoculation, and by estimating the index immediately before the injection, shortly afterwards, and then at intervals for a short time, we are enabled to plot a curve which will confirm or negative a diagnosis of tuberculous infection, for such a dose of tuberculin introduced into the tissues of a non-tuberculous individual will fail to produce any appreciable movement of the index.

The Bacteriological Department. JNO. EYRE.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

"The Nipple."

DEAR SIR,—I would humbly ask the profession if it is not time, in the cause of strict and scientific accuracy—accompanied, alas! as so often, by the loss of the beautiful—to rid ourselves of the nipple, which—in the female (alas! again)—is so errant. In Musser's "Medical Diagnosis," 1894, p. 339: "To find the apex, mark a *point* about two inches below the left nipple, and one inch to its sternal side. This point will be between the fifth and sixth ribs."

I enclose a photograph, acquired in my wanderings, where you will see Musser is right, as the good "old soul" was obliging, I have no doubt.

Again, p. 339: "The best definition of that part of the precordial region which is less resonant on percussion was given by Dr. Latham, years ago, in his 'Clinical Lectures':—'Make a circle of two inches in diameter round a point midway between the nipple and the end of the sternum,' etc."

I think the uncultured child of Africa would have obliged to the full. As Artemus Ward "believed the negro to be a brother, but did not think much of him as a sister, wife, or even grandmother," he may have had the position of the nipple in his keenest of minds' eyes. Anybody who has travelled and observed must know the position of the breast varies in the United States, North and South; the beautiful Limanian from the Austrian; the North of Europe from the South; *a fortiori*, the nipple.

One day, many years ago, I was strolling along with Sir William Dalby in the streets of London, when he suddenly left my side and rushed up to a bird-shop window. I joined him, when he exclaimed, evidently with pent-up gratitude, "Thank God, I have seen a millet-seed at last!" On comparison, we mutually found that this was our first acquaintance with a millet-seed. It was labelled. Before our present accurate measurements, the millet-seed, irrespective of size, seemed to be our standard measurement.

I will vie with anyone in my respect for the nipple—in the family annals it was the first thing I really cried for. Is it a fixed point for scientific measurement?—Yours, etc., ANONYMOUS.

[The above was written ten years ago, but has only reached us this week.—ED. G.H.G.]

Commentary on Cases set for Treasurer's Gold Medal.

SIR,—I have read the Cases for Commentary set for the Treasurer's Gold Medal in Surgery this year (GAZETTE, August 10th, 1907). The answer to one conundrum was, a tuberculous mesenteric gland with adhesions. May I ask whether any candidate struck the mark? There seems less evidence in favour of this condition than five or six others. Why should two periods be missed and uterus be examined and felt *only* per rectum? There are many other misleading points. Of course, the object of "the case" may have been to mislead—but is this, in any way, the proper course? Had Dr. "Rosie" Bryant set the paper, I guess he would have reached the mark with less trouble. He would probably have asked, "What may cause a lump half the size of an orange to the left of the umbilicus, outside; on the wall, inside? Mention all you know, including actinomycosis and hydatid, and how would you distinguish them?"

The second case is on a par. What was the rash like scarlet fever? The answer states only a cicatrised duodenal ulcer and neurosis. Were candidates to give a list of all rashes like scarlet fever? The report says all medicinal treatment had failed. Was this surprising? Was it necessary? On the evidence supplied she does not appear to have needed much, unless it was Pot. Iod. on the off chance.

I am convinced that many of your readers would like to have the examiners' diagnosis, and how it was arrived at.

If these cases are published in the GAZETTE, and an answer is given, I certainly think it would be most instructive to go fully into the answers and how they were obtained. Yours truly,

"ABSOLUTELY LOST."

The Wills Library.

DEAR SIR,—I was greatly surprised the other day to find that students are not provided regularly in the Library with the University of London Gazette.

Without this periodical, it is impossible for us to keep informed of the various scholarships and prizes that may be offered for competition, and without doubt Guy's must lose many of these simply because her sons are unaware of their existence. At University and King's College the students are kept well informed of all these things, and consequently they win the honours. We never hear of half the open lectures, and so on, that are going on. How many second year's men, for instance, know that next year a scholarship of £100 is to be awarded to a Research Student in Physiology? And at a recent examination for a £60 prize only five candidates presented themselves! I hope that the Committee will see to it that the Gazette is regularly provided in future.—Yours obediently, "L. U. G."

October 4th, 1907.

The Library Again.

Dear Sir,—There is one class of obtrusive medical student whom most of us know only too well, and, best of all, those examination candidates who try to put in some honest work in the Wills Library. It is evident that I allude to those selfish and inconsiderate persons who, having carried on a conversation with some kindred spirit in tones more noisy than polite, rattled the reading desks, and been reproved with many a vigorous "Ssh," proceed to stump out of the room with as heavy a tread as the parquet floor will re-echo.

I would suggest that as this kind of man, not possessing common instincts of courtesy, will never be made to understand that he is a general nuisance, or that he must amend his behaviour, the authorities put a layer of cocoanut matting up the centre of the room, or enforce more rigorously the regulation regarding suspension of Library privileges.—I am, Sir, yours faithfully,

LECTOR.

October 1st, 1907.

Life Assurance Medical Officers' Association.

Dear Sir,—This Association, founded in 1893, is recognised as the authoritative Society for the discussion of all the medical aspects of life assurance. The leading life assurance offices subscribe to its Transactions, and their chief medical officers are members.

In view of the extension of disease and accident assurance brought about by recent legislation, there must arise a large number of new medical problems. An increasingly frequent reference will be made to the medical profession, especially in regard to diagnosis and prognosis in the assessment of claims.

It is desirable that an endeavour should be made to formulate and record information, and diffuse the special knowledge thus acquired among those engaged in this work.

On account of its old standing and established close connection with the assurance world, the Council of this Association believes that an extension of its objects to include the consideration of the medical aspects of disease and accident assurance will provide the most desirable central organization for the purpose.

The chief medical officers and other medical men holding appointments from Accident and Disease Assurance Companies, and those members of the profession specially interested in the subject, are therefore cordially invited to join in an effort to bring about the methodical study of this branch of medicine by becoming members of the Association.

The subscription is one guinea per annum. Enquiries as to membership should be sent in as early as possible to the Secretaries—

THOS. D. LISTER, M.D.,
50, Brook Street, Grosvenor Sq., London, W.
A. SHILLITOE, F.R.C.S.,
2, Frederick Place, Old Jewry, London, E.C

The State and the Criminal Classes.

My Dear Sir,—I have requested that enclosed Bill, or some similar Bill, be introduced in your National Parliament, with a view that legislative action be taken in regard to the Bill now or at some future time.

I should be glad if you would, in behalf of this Bill, call attention to the importance of such legislation, urging careful consideration of the subject, and using your influence in whatever way you can.

The purpose of the Bill is to establish laboratories for the study of the criminal, pauper and defective classes, with a view to lessening social evils by investigating their *causes* according to the best methods known to science and sociology. I assume that everyone is interested in the purpose of the Bill.

The plan of work incorporated in the Bill has the endorsements of numerous learned bodies of highest rank in medicine, law, science, and religion, including the "Congrès International de l'Anthropologie Criminelle." One reason why so many professional organisations dealing *first hand* with some phase of this work support this measure is, that they think it is time that Governments begin a serious study of those social evils which are their greatest enemies. Many worthy efforts are being made to lessen social evils, but they are mostly *palliative*, and do not go to the root of the matter.

One feature of this work, of interest to all lovers of truth, is the application of the results and methods of anthropology, psychology, medicine, sociology, and other sciences to the abnormal and weakling classes, thus constituting a new synthetic study, which may bring out truths that apply as well to *normal* man as to abnormal man; for in the case of penal institutions most of the inmates are normal, their crime being due to unfortunate surroundings and not to their inward natures. Even really abnormal persons—that is, those positively abnormal in, at least, a few respects—are nevertheless normal in most things, so that whatever be found true of them is to a large extent true of all persons. Though such results be incidental they may be none the less important.

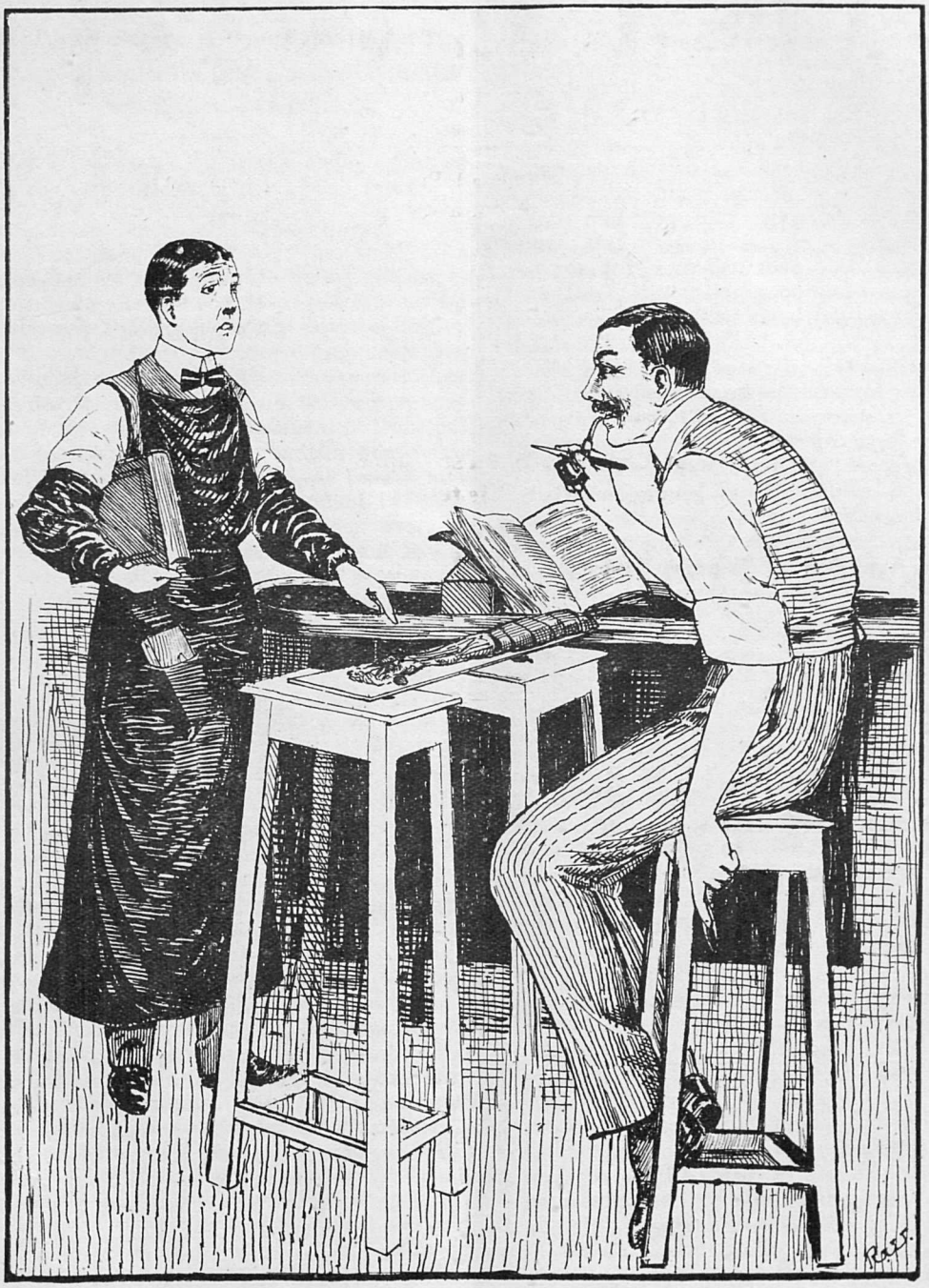
President Roosevelt told a Committee of the American Bar Association that he believed much good could be accomplished by such a Bill, and sent it with his approval to the United States Congress.

Enclosures give general scope of work, with the special features proposed in Bill.

A new line of work is liable to encounter special difficulties in the way of prejudice, misinterpretation, or ignorance, and unavoidable mistakes to which all pioneer work is subject. It is, therefore, very desirable that the matter receive your most careful attention.

Requesting your kind consideration, and thanking you, —I am, Very faithfully yours,

ARTHUR MACDONALD.
127, "A" Street, N.E.
Washington, D. C.
September 23rd, 1907.



ALTRUISM IN THE DISSECTING-ROOM.

"Taking his Part."

Four Lectures on the Significance of Variations in the Constituents of the Urine.

Delivered in the Physiological Theatre, Guy's Hospital, by F. G. Hopkins, M.A., M.B., D.Sc., F.R.S.

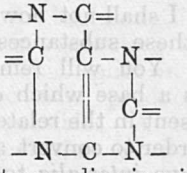
Lecture III.

Gentlemen,—I now propose to say something about the excretion of the *purin substances;* but I shall treat the subject only from a limited point of view. The literature which deals with it is, of course, enormous; but fortunately there are some excellent summaries in recent text-books. My own brief treatment of this particular matter will, perhaps, hardly justify the general title of these lectures. I fear I shall not get so far as to a discussion of the "significance" of variations in the purin excretion in any particular condition. I intend to deal only with uric acid as an instance of an excretive with a complicated history, illustrating the fact that we cannot always judge of the amount of a metabolite produced by measuring the amount of its excretion. I want, however, also to call attention to one possibility in connection with its origin of which little is made in the text-books.

In this particular line of inquiry the view which chiefly influenced earlier workers involved the idea that uric acid was a penultimate product; one which should normally be converted into urea. Its appearance in increased amount was therefore due to arrest of the normal process. It was not recognised that its line of origin is, for the most part, distinct from that of urea in the body. It has been thought, on the other hand, that the ratio which uric acid bears to urea is physiologically a fairly constant one, and people have talked about the "normal ratio." But a little discriminative work soon brought to light the fact that that ratio was a myth, that the relative amount of uric acid excreted, as compared with the main nitrogenous excretion, involved factors greatly influenced by the diet, and might vary within very wide limits—from $\frac{1}{25}$ to $\frac{1}{125}$. It is, we now know, not in any sense a fixed quantity even under conditions which are normal. Recent work, as of course you know, has made out clearly that uric acid is an excretive which represents a quite special line of metabolism. Recent work has also recognised that, as with other excretives, we must distinguish between uric acid, the excretion of which depends more directly on the diet, and is exogenous, and the part of the excretion which arises more directly from the tissues and is endogenous. Now before we come to closer grips with the subject, of one thing you must be sure. Both the endogenous and the exogenous production of purins varies very widely in different individuals. Attempts have been made to show that either one or the other is a thing which one may look upon as a constant for man. But it is certain, as a proper survey of the literature shows, that both that produced from the diet and that produced from the tissues is a variable quantity and often very different in different individuals.

We now know that the production of uric acid in the body, and the amount of its excretion, are very largely dependent upon the metabolism of a particular group of substances —the nucleo-proteids. We recognise clearly that an albumen or a globulin, or any other ordinary proteid, does not contain, preformed, the characteristic grouping which is the stamp of substances of a purin character.

The molecular framework of all these bodies consists of the "purin ring," which is thus represented—



This double, heterocyclic ring is present in all members of the class. They differ among themselves in the number and arrangement of hydrogen and oxygen atoms, or of $-NH_2$ groups, which are attached to the central ring structure. This structure, to repeat, is not present in ordinary proteins, but is found in the complex nucleic acids, which, as "prosthetic" groups, are somewhat loosely associated with proteins in the cell. So that purin metabolism, so far as it is katabolic, is really the metabolism not of protein but of nucleic acid. I do not propose to deal with the pure chemistry of this subject to-day, as it is not necessary. We have learnt from the work of Kossel, and many who have followed him, that a nucleic acid itself is a highly complex substituted phosphoric acid, in which many other molecular groups are associated with a central grouping of oxidised phosphorus; and amongst these groups are the purin bases. Now, with the discovery of that special bit of tissue chemistry, we came to believe that the fixed tissue-purins are in these nucleic acids, and there only, in the body. But as regards excretion, there has been, I believe,

as often happens, a tendency to limit the view as to origins too much; to believe that in the mammal there is no origin of the uric acid at all, except in the breakdown of nucleic acids. And it is my sole purpose to-day to indicate that that narrow view is, probably, not entirely correct, that we must take into account certain other factors.

First let me go over certain of the facts upon which the actual view of the moment is based. My exposition will be more simple if I consider the origin of the endogenous uric acid first. Let us suppose a man is taking a diet which contains no nucleo-proteids, for instance, a milk diet. On the current view, none of the uric acid he excretes will then be exogenous; any that passes through his kidneys will be coming from his tissues. What chemical steps are involved in the breakdown of the store of purins in the tissues and the formation of the uric acid itself? Note, first of all, it is characteristic of the nucleo-proteids of animal tissues to contain the bases *adenin* and *guanin*, rather than *hypoxanthin* and *xanthin*, bases which stand somewhat nearer to uric acid itself. In the tissue-complex it is the first two bases which predominate. I shall not now go over the pure chemistry of these substances; it would take me too long. You will remember, however, that adenin is a base which contains an NH_2 group, not present in the related base, hypoxanthin; and in order to convert adenin into hypoxanthin, you have, *inter alia*, to remove this NH_2 group. Exactly the same chemical process will convert guanin into xanthin.

It is quite important to recognise these relations, because the amino-bases, which predominate in the intact tissue, are resistant to change when once in the circulation. At any rate, when given by the mouth, they are more prone than xanthin or hypoxanthin to be excreted unaltered; the latter yield uric acid. Now, Partridge and Jones, together with other observers, have found that the tissues contain ferments, of quite specific sort, capable of converting (by hydrolysis, and a consequent removal of NH_2 group as ammonia), guanin and adenin into hypoxanthin and xanthin. The latter, once formed, are more susceptible of being oxidised into uric acid, and this oxidation again depends upon specific ferments of the oxidase type, also found in the tissues. The evidence seems to show that the change which precedes oxidation occurs always where the nuclein material is breaking down in the cell itself; whereas the subsequent oxidation, if it has not occurred in the cell itself, may take place elsewhere in the body, perhaps especially in the liver. Reviewing the steps involved, we find that, within the cell, the nucleo-proteid first of all shares in the breakdown processes of autolysis, whereby guanidin and adenin are liberated. These bases are then converted into hypoxanthin and xanthin, and these latter may then circulate and become oxidised in the liver to uric acid. It is interesting and suggestive to remember that the activity of any one of these processes may be increased or diminished as the result of individual or pathological variations in metabolism.

But yet another complication stands in the way of any simple interpretation of quantitative data obtained from the urine. While uric acid—or at least a portion of that formed—arises from the nucleo-proteins of all tissues along the above somewhat complicated lines, there are organs in which the uric acid, once formed, can itself be destroyed. When, therefore, you estimate the amount which is excreted you are only determining the resultant of two factors: the amount of uric acid produced, on the one hand, balanced against the amount of it which destroyed on the other. And as these two factors are completely independent variables, it is clear you cannot draw immediate conclusions from the amount of uric acid excreted, because an increase may mean increased production or decreased destruction, and a decrease may mean a decreased production or an increased destruction. It is important, then, to notice that the uric acid itself is not necessarily an end product. As to this question, there has been some quite recent work, which I will mention somewhat more in detail.

Stockvis was the first—as far back as 1900—to indicate that the liver was able to destroy uric acid; the mammalian liver, at any rate, has no small activity in this direction. And there have been lately further studies by Jacoby and Wiener, and particularly by Wiener and Wiechowski, which have given us a good deal of detailed knowledge about this destruction. In all the animals studied it seems that the liver has the power to destroy uric acid when once it has been formed. Wiechowski and Wiener have lately separated from the liver a ferment of a very high activity, which, when added to solutions of pure uric acid, can destroy it with rapidity. What is special about this particular cell ferment is that you cannot get it out by the use of a Buchner-press alone; you cannot squeeze it out with the plasma of the tissue cell; you must first completely destroy the cell by thorough grinding. From such cell debris it is possible to get a very strong protein-free solution

of an uric acid-destroying ferment. The liver of all animals seems to yield it. There is an odd point to note here which most observers are agreed upon: the one other organ—the kidney, namely—which, in herbivora, contains this ferment in plenty, is not found to do so in carnivora. This point has, however, not yet been sufficiently studied to justify a full generalization.

The picture of purin metabolism which presents itself even to the person who believes in the modern view of exclusive origin from nucleo-proteins, is complicated enough. He has to recognise that the uric acid excreted is not necessarily a measure of the amount produced in the tissues. Hepatic influences, which can, according to conditions, either assist in the production of uric acid by oxidising xanthin and hypoxanthin, or, on the other hand, destroy it when in excess, must greatly affect the amount finally excreted.

Some, indeed, consider that, in most animals at any rate, the power of the liver to destroy uric acid, when the substance circulates as such through its vessels, is so great that it becomes incumbent upon us to explain why any uric acid escapes at all. The accepted explanation involves a reference to that state of affairs which, as I said the other day, you have always to think of in connection with the endogenous formation of urea. Anything coming from the tissues which can be affected by the liver does not all come under the hepatic influence. Everything taken by the mouth usually traverses the liver, but what is elaborated in the tissues goes, in part, to the kidney without having gone through the liver. If we assume that the tissues are producing a certain amount of purins from the breakdown of nucleo-proteids every hour, a certain proportion will always escape the liver influence, and will be excreted directly. This may in part be uric acid itself, because, as we have seen, certain tissues at any rate have the power of oxidizing xanthin and hypoxanthin without the aid of the liver. The amount excreted, however, will not only depend upon the balance of elaboration and destruction, but it will depend, one would think, on the relative amount of the circulation in the kidney and in the liver respectively.

Let us, however, note that many workers, including Burian, for instance, who has given much attention to this subject, believe that, in spite of the complexity of these many factors, there is a certain constancy in metabolism, so that, for a certain amount of total nuclein broken down, a certain definite fraction of its purin is excreted. So, in that belief, one might have a figure by which to multiply the excretion, in order to get from it a measure of the amount actually broken down. And this is supposed to be true not only of the endogenous uric acid—that produced in the tissues—but also of the exogenous uric acid.

This is produced by the direct breakdown of the nucleo-proteids which are eaten. It, too, according to Burian and his school, is so dealt with in the body that a certain definite fraction is destroyed, and a certain definite fraction is excreted. I am sure, myself, that such a generalisation goes beyond the facts. I don't believe that we have enough experimental data to prove what (to my mind) is, *à priori*, so unlikely, that when a given quantity of nucleo-proteid is eaten, any particular fraction of its purins will be excreted. I mention the view because you will find it in the more recent summaries of the subject in the text-books. But it is already beginning to disappear from the current literature, and it is well it should do so, if it is not correct, because a lot of false conclusions can be drawn from it.

I have led up to this point because, as I suggested at the beginning, I want to emphasize one question in connection with uric acid which should make this belief in the constant ratio between uric acid produced and uric acid excreted impossible. A short time ago, a quite empirical view of the facts, on the lines we have gone over, was the last word on the subject; we excrete purins solely because our nucleo-proteids are breaking down, or because we are eating nucleo-proteids in the diet; and that of the purins so liberated a definite ratio is destroyed, and a certain amount excreted. Burian himself has more lately concluded that there is another aspect of uric acid metabolism altogether. If one considers merely that comparatively small amount of uric acid, which constitutes the endogenous excretion of a normal individual, and if, making allowance for the fact that it represents certainly only a fraction of what is actually produced, one then calculates the amount of original nucleo-proteid from which, on the older hypothesis, it must have arisen, one finds it represents an astonishingly large amount of tissue. The amount of uric acid which we excrete on a purin-free diet is an amount which would be contained (in the form of adenin or guanin) in, say, 100 grammes of glandular tissue, and this is a small estimate. It would be a much large proportion of muscle, because muscle contains much less nucleo-proteid. Now, are we to suppose actually that

100 grammes of gland, or its equivalent in muscle, breaks down completely in the course of the day? You will see at this point that our belief concerning purin metabolism will be affected by those which concern general nitrogenous metabolism. If we believe that whenever we excrete 15 grammes of nitrogen, half a kilogramme or so of solid tissue-protein is melted away, then I suppose we can believe that a sufficiency of glandular tissue, or its greater equivalent in muscular tissue, breaks down to yield the excreted purins. But, as you have realised, everything tends just now to a disbelief in an extravagant tissue breakdown of that sort. Of the total nitrogen we excrete, much the larger proportion is produced on lines which have not involved the tissues. And if we incline to that view with regard to total proteid metabolism of the body, we shall have strong reasons for disbelieving that there is actual destruction of as much tissue as I have mentioned in connection with the production of uric acid. Otherwise, we must, at any rate, believe that the nucleus of the cell is much less stable than the cytoplasm as a whole.

We know, of course, that the purin ring can be synthesised in the mammalian body; for nucleins are made from protein constituents which do not themselves exhibit the purin structure. It is characteristic of the times that an endeavour is being made to get a hint as to how this occurs—to get a guide for experiment—by considering the probabilities suggested by molecular structure. What I wish myself to urge is, that, even in mammals, the synthesis of purins, which during the growth of a tissue is only part of the much more elaborate business of nuclein manufacture, may occur, by itself, as the result of processes which merely precede excretion. I would suggest that such a process may occur in connection with that part of the excretion of uric acid which we reckon as exogenous. I will explain later why I think it important to consider this possibility and to test the matter experimentally.

In birds, the synthesis of uric acid is, of course, a prominent phenomenon, carried out by the liver merely as a preliminary to excretion and concerning both endogenous and exogenous metabolites.

Now Burian, at one time a great opponent of the belief that any sort of synthesis of uric acid occurs in the mammal, has come later himself to the belief that in some way synthesis plays a prominent part, at least in regard to the endogenous production. He carried out experiments upon muscular activity which led him to conclude that, quite apart (as I understand him) from the breakdown of nucleo-proteins proper, there is an increase of uric acid in the muscle, consequent upon activity. This occurs without diminution in the small store of those purin bases which are the immediate precursors of uric acid. He concluded, therefore, that a synthesis of purin is always going on, and that this process is increased during activity. His belief seems to be that the muscle has a certain definite store, of hypoxanthin in particular, and that this hypoxanthin, during activity, is oxidised to uric acid, being itself simultaneously re-formed from other substances. I am not yet clear myself as to how much help we shall get from this conception, or whether its experimental basis is sound. I return for the moment to the question of the exogenous product.

A long time ago, when I had the privilege of working at Guy's Hospital, Mr. W. B. Hope and myself carried on some experiments on the effect of diet upon uric acid excretion. This was at a time when the teaching was very emphatically that in the mammal uric acid arose only from the breakdown of nucleo-proteins. We found, *inter alia*, that feeding with the filtered gastric digest of (say) a thymus gland gave almost as much increase of uric acid as if the whole gland had been given, though little of the nucleins of the gland could have been present in such digests. We concluded that materials for synthesis were present. Jerome, however, attributed our results to the presence of purin bases preformed in the gland, though Weintraud, afterwards repeating our experiments, considered that these were not quantitatively sufficient to account for the increased excretion.

These observations led Wiener to tackle the whole question of the possibility of synthetic production of uric acid preceding its excretion. In birds he found it easy enough to show that you can discover precursors which, when given by the mouth, lead to increased excretion of uric acid. In birds almost any three-carbon acid will yield the necessary central chain to complete the purin ring by condensation with urea residues (*vide supra*)—especially lactic acid ($CH_3.CHOH.COOH$). Believing that synthesis occurred in the liver, Wiener tested that point, and found that if he took one particular three-carbon acid—tartronic acid—the liver itself could produce synthesis by condensation, coupling it up with two urea residues, to form uric acid direct. He believed that other three-carbon acids which could produce the synthesis when given by the mouth went through the stage of oxidation into tartronic acid before the

synthesis occurred. I must not stay to elaborate this point. Wiener's next attempt was to see if the same sort of synthetic activity could be shown in the mammal. Although he got some doubtful increase of uric acid as the result of giving similar three-carbon substances, none of his results with mammals are convincing.

Wiener's observations were all made upon non-nitrogenous substances, on the justifiable assumption that the synthesis of uric acid would involve condensation with preformed urea. But I must call your attention to a type of synthesis known to occur in the mammal which is not without suggestion in connection with the matter. Certain substances, themselves containing an amino group, are, when given by the mouth, excreted as compounds which contain a urea residue, though, as the amino group of the original substance contributes to the formation of the urea grouping, it would seem that not urea, but the elements of cyanic acid have been added in the body.*

$$\begin{array}{lcl} NH_2-CH_2\ldots & & NH-CH_2\ldots \\ + \ HCNO & = & \ \ CO \\ & & \ \ NH_2 \end{array}$$

Such a synthesis is not without bearing on the possible formation of the purin ring, but I should hardly have ventured to mention it in this connection if I had not a little evidence, up my sleeve so to speak, which indicates with some probability that a nitrogenous substance, *not itself a purin*, is an important precursor of the exogenous uric acid produced when tissues such as glands and muscles are eaten. I hope soon to publish an account of this substance; but unfortunately my observations are not yet complete enough for discussion. I mention it with reserve in order to lead up to the following considerations:—

In that branch of pharmacology which deals, not with the action of drugs on the body, but with the action of the body on drugs, it has often proved possible to trace interesting chemical changes with great exactness. In a mixed dietary containing animal and plant tissues there are, of course, many substances—originally metabolites of the tissues eaten—which are not assimilated by the individual who eats them. Many of these, before they appear as exogenous excretives, may suffer, like certain drugs and other foreign ingesta, some specific molecular change or addition. I am sure that it is important to obtain exact information about such changes. The chemical events that can occur in the body are extraordinarily diverse, but there is nothing haphazard about them. A knowledge of the simpler facts which express the origin of exogenous excretives may throw light on the much more complicated processes of assimilation and cell growth.

If we can find a substance of known constitution which when given by the mouth reappears in the urine as a purin derivative, we shall get our first hint as to how the purin ring is built up during nuclein formation in the tissues. If such a substance is one actually present in a tissue, the circumstance will be still more interesting and enlightening.

All I have been able to say about the synthesis of uric acid before excretion is suggestive only; but I wanted to make the suggestions involved.

If, after this very imperfect review of the complex factors concerned in nuclein metabolism, you ask me to say what then, in this or that case, is the significance of an increase or decrease in the urinary uric acid, I shall here evade the responsibility of an answer. My purpose will be fulfilled if I have prevented you from believing in such crude conclusions as, say, that when a man excretes little uric acid he is of necessity storing it up, as such, in his tissues; or, conversely, that when he excretes much, it is necessarily because deposited uric acid is being cleared out of his tissues.

I want now to say just a few words about *hippuric acid*, an excretive which, in the present state of our knowledge concerning metabolism, has a quite special status, in that it is the one substance normally excreted which we definitely know to be formed in the kidney itself. In this one case, at any rate, the kidney is not acting simply as an excretory organ, which merely selects from the blood material formed elsewhere; it intrudes as a definite active agent in the production of this excretive. Discovered by Wöhler, and studied physiologically by Bunge and Schmiedeberg, the formation of hippuric acid offered the first clear case of a specific synthesis in the animal body; hence its historical interest and importance. You know the kidney itself can supply amino-acetic acid to any benzoic acid which reaches it, and can produce condensation of such a type that there is formed this benzoyl-glycine, or hippuric acid. A point of great interest is that the synthesis of proteid in the body would involve exactly the same sort of combinations as are brought about by the kidney in the case of hippuric acid; condensations, namely, involving the carboxyl group of

*It may, of course, be urea itself which condenses with the amino substance, if the condensation involves the elimination of ammonia.

one acid, and an amino group in another. As Abderhalden says in his text-book, the production of this particular substance in the kidney has forced itself on our attention; but we are far from knowing that the case is really unique. If the kidney can produce this particular synthesis, it is possible that it may have functions of a similar sort on a much larger scale.

Many aromatic acids, homologous with benzoic acid, also yield hippuric acid when administered by the mouth. Side chains, attached to the benzene ring in these higher homologues, are first oxidised, so that benzoic acid itself is formed, and then the normal synthesis yields hippuric acid. I mention this familiar fact to indicate that occasionally well-chosen observations upon excretion may throw interesting side-lights upon metabolism. For not all the above-mentioned homologous acids yield hippuric acid

$$C_6H_5CO-NHCH_2.COOH;$$

some yield phenaceturic acid

$$C_6H_5CH_2CO-NHCH_2.COOH.$$

The reason for this turns out to be that oxidation of the side chain occurs in the animal body by a series of steps, each of which involves the addition of oxygen to a β carbon atom. This atom is situated at the second remove from the terminal carboxyl group. The two following homologues of benzoic acid will therefore offer a contrast when submitted to metabolism:—

$$C_6H_5CH_2.C^*H_2.CH_2.COOH;$$
$$C_6H_5C^*H_2.CH_2C^*H_2.CH_2.COOH.$$

Each β atom in the formulæ is distinguished by an asterisk.

In the first case, when the oxidation has produced a carboxyl group at the position indicated by the star, the shortened side chain which results possesses, now, no carbon atom in a β position; there is no further oxidation, condensation with glycin occurs at once, and phenaceturic acid is excreted.

In the second case, when a carboxyl group has been formed at the first β position, the resultant acid has still a β carbon atom next the benzene ring; oxidation proceeds, benzoic acid is formed, and hippuric acid excreted. Thus, which of the two above excretives is to appear will depend upon whether the side chain in the substance administered contains an odd or even number of carbon atoms. Such facts throw interesting light upon bodily oxidations in general, as you will discover on reading Dr. Leathes' Lectures on Metabolism.

In another way the excretion of hippuric acid has been used as a probe to discover the secrets of intermediate metabolism. Since the body itself can supply glycin (amino-acetic acid) for the formation of hippuric acid, it is clearly a matter of no small interest to discover what are the quantitative limits of this capacity. Large doses of benzoic acid can be given to herbivora, and Magnus-Levy gave it by the mouth until the nitrogen present in the hippuric acid excreted reached 28 per cent. of the whole urinary nitrogen. In some experiments of Wiechowski, a rabbit taking large quantities of benzoic acid excreted so much hippuric acid that the nitrogen in the glycin supplied by the body actually amounted to 64 per cent. of the whole nitrogen (endogenous or exogenous) excreted!

Now proteins, of course, yield glycin on hydrolysis; but it is certain that the simple hydrolitic breakdown of proteid in the diet and tissue could not supply all this glycin. The proteids, instead of containing 64 per cent. of their nitrogen in this form, would not, on the average, yield more than, perhaps, 3 or 4 per cent. Wiechowski, in interpreting his results, takes the view that they prove glycin to be a very prominent intermediate product in nitrogenous metabolism—a stage through which other amino acids pass on their way to form urea. The combination with benzoic acid arrests, on this view, the final change, by protecting the glycin from the normal action of the liver. Magnus-Levy considered another possibility. Supposing that the other and more complex amino acids of metabolising protein become benzoylated, owing to contact with the benzoic acid taken, *before* they are broken down in any way, would their benzoyl compounds then become oxidised in the body to yield hippuric acid? Testing this point, Levy found that benzoyl-leucin, at any rate, when given by the mouth, was excreted as hippuric acid, and leucin, of course, forms a large part of the molecule of any protein. Whatever may be the real explanation of the large yield of glycin in the above-mentioned experiments, it is certain that quantitative observations of the kind indicated by these experiments ought to be fully followed up, for they bear upon the fundamentals of metabolism. Reflection will show, for instance, that Wiechowski's view is quite incompatible with that theory of proteid metabolism which we have discussed as due to Folin; and, in any case, the results obtained from such experiments must bear on the

question as to when and where amino acids lose their nitrogen.

One other point, and I have done, In some animals the synthesis which results in hippuric acid formation is—at least, when the quantity excreted is not entirely outside physiological limits—due to the kidney epithelium alone. A most interesting question, and one about which we have really little information, here arises. When a tissue cell has separate activities of quite diverse kind, can it turn its attention to any one of them exclusively, or does any particular stimulus affect all its mechanisms alike? The elimination of preformed products from the blood, and the intra-cellular catalysis of a synthetic reaction, seem to be activities diverse enough. Will, now, the stirring up of the kidney cell by means of a diuretic increase its activity in synthesising hippuric acid? The point can be tested, because although, as we have just seen, very large amounts of hippuric acid can be made, yet of any given dose of benzoic acid a portion normally escapes linkage with glycin, and is excreted unaltered. According to some Italian work, the giving of certain diuretics does, as a matter of fact, diminish the proportion which escapes linkage, and therefore increases the synthetic activity of the kidney. Such an experimental result is, of course, very far from being sufficient to settle the general question raised above; but I feel that quantitative studies of hippuric acid formation might do a good deal towards throwing light upon one of the most vexed questions in physiology—the relation between the functions of the renal glomerulus and those of the tubular epithelium. This is another line of inquiry which tends to stand still for lack of easy and accurate methods of estimation. When we can estimate hippuric acid quickly and correctly, the variations in its excretion may even come to help the clinician to detect early degenerative changes in the organ which produces it.

Papers by Guy's Men.

Some Complications of Diphtheria (Illustrated). By Theodore Fisher, M.D. Lond., M.R.C.P. Lond.—*The Practitioner* for October, 1907.

An Operation for Embolus. By W. Sampson Handley, M.S. Lond., F.R.C.S. Eng.—*British Medical Journal*, 21st September, 1907.

Case of Double Optic Neuritis: Symptoms of Cerebellar Tumour: Complete Recovery. By Charles Higgens, F.R.C.S. Eng.—*The Lancet* 21st September, 1907

Notices.

Royal College of Surgeons of England.

Notice is hereby given that the next Primary and Final Examinations for the Diploma of Fellow will commence on Thursday, November 7th, and Friday, November 22nd, 1907.

Candidates are required to give not less than fourteen days' notice of their desire to present themselves for either of these Examinations.

Particulars relating to these Examinations may be obtained of the Secretary (Mr. F. G. Hallett), Examination Hall, Victoria Embankment, London, W.C., to whom all applications in reference to Examinations should be addressed.

The required Fees must be paid three days prior to the Examinations.

September 19th, 1907.

LICENCE IN DENTAL SURGERY.

Old Regulations.

Notice is hereby given that the next Examination will commence on Friday, November 8th, 1907.

New Regulations.

Notice is hereby given that the First and Second Professional Examinations will commence on Friday, November 8th, 1907.

Candidates are required to give not less than twenty-one clear days' notice in writing of their desire to present themselves for either of these examinations to the Secretary (Mr. F. G. Hallett), Examination Hall, Victoria Embankment, W.C., from whom all particulars relating thereto may be obtained.

September 19th, 1907.

Royal Eye Hospital.

LECTURES ON OPHTHALMOLOGY.

Lectures and courses of Instruction will be given at the Hospital throughout the winter session by some of the Members of the Staff.

The Course will commence on October 16th, 1907. Students wishing to attend these Lectures should communicate with the Honorary Secretary.

INTRODUCTORY LECTURE.

Professor Simeon Snell, F.R.C.S. Ed. (of the University of Sheffield), will give the Introductory Lecture on Wednesday, October 16th, at 7 p.m.

Subject.—"Injuries and Wounds of the Eye, Eyelids, and Orbit." The Lecture will be illustrated by Lantern Slides.

St. George's Circus, Southwark, S.E.

Infection of the Urinary Tract during Pregnancy.

By Mr. H. T. Hicks, F.R.C.S.

The subject of urinary infection during pregnancy has, for some time past, received a great amount of attention, especially in America and on the Continent. One has not far to search among clinical reports and museum specimens before becoming impressed with the interest which this subject affords. There is ample clinical proof that during pregnancy the urinary tract is most susceptible to bacterial invasion. Pyelitis is far more common with pregnancy than without it, and everyone should be aware of the sensitive state of the bladder in a patient suffering from retention of urine due to the pressure of a retroverted gravid uterus. If a fibromyoma becomes impacted in the pelvis, causing retention of urine, catheterisation may be carried out with much less fear of infecting the bladder and upper urinary passages than when the retention is due to impaction of a soft retroverted pregnant uterus, no matter what aseptic precautions are taken in passing the catheter. Nearly all the specimens of enfoliation of the bladder mucous membrane, the result of retention and cystitis, in our museum were obtained from patients suffering from retention and retroversion of the gravid uterus. As to how pregnancy influences the vulnerability of the urinary tract to septic infection is a matter of speculation. It must be remembered that the bladder and ureters share in the hyperæmia of pregnancy. The ureters enlarge in normal pregnancy, and can be felt with the examining finger through the anterior fornix of the vagina. Pressure on certain parts of the urinary tract, causing partial or complete obstruction, must lead to stagnation of urine, which collects and at once becomes less acid—neutral or even alkaline. Under such circumstances, the urinary tract becomes extremely vulnerable to bacterial attack, and at the same time the urinary stagnation affords a suitable soil for the growth of organisms. Of course the same paths of infection are open whether the patient be pregnant or not, and one must not forget the possibility of pre-existing renal disease, such as calculus or tuberculosis. In a great number of cases, however, infection of the urinary tract is directly dependent on the presence of the pregnancy, which, by rendering the urinary tract vulnerable, must be looked upon as the chief predisposing cause of infection. We must consider urinary infection during pregnancy under three main headings:—

(*a.*) Pyelitis of pregnancy, viz., infection of the kidney pelvis, apart from calculus, tuberculosis, or ascending infection.

(*b.*) The dangers and virulency of ascending infection from the lower urinary passages during pregnancy.

(*c.*) The effect of pregnancy on pre-existing urinary inflammation, such as calculus, pyelitis, tuberculosis, etc.

(a.) *Pyelitis of Pregnancy.*—This term is applied to a very definite group of cases, in which the renal pelvis and ureter become infected with the bacilli coli during pregnancy, giving rise to characteristic symptoms.

We will discuss ascending pyelitis under group (b), and refer only to the "Pyclitis of Pregnancy," under heading (a).

The infection in pregnancy pyelitis is nearly always due to invasion of the renal pelvis by the *Bacillus Coli*. It is most often right-sided, and the disease runs a very definite course. It is not easy to see why the right side should be attacked rather than the left, or how the bacteria obtain admission. The patients are generally constipated, the most plausible theory as to cause being that the ureter becomes infected from the colon, the bacteria passing directly into the renal pelvis, or by means of the blood stream. The infection begins in the renal pelvis and descends along the ureter as far as the bladder, but seldom causes bladder symptoms. The right ureter is in direct relation to the ascending colon, and is subject to more pressure at the brim of the true pelvis than the left, which may render it more susceptible to infection. In one of the cases quoted below, however, the ureter was felt to be thickened and enlarged right up its entrance into the bladder, so that what obstruction there is probably comes from œdema and congestion at the entrance of the ureter into the bladder. Whatever be the explanation of the frequency of the right-sided infection, it is a clinical fact that such is the case.

I have now seen four cases of this form of pyelitis which must be carefully distinguished from all other forms, and on each occasion the urine showed B.C.C. in pure culture.

Symptoms and course.—The onset is generally sudden, the patient complaining of sharp pain in the right renal region, the pain being most intense below the twelfth rib behind, but soon spreads round to the front. The temperature rises and the patient feels ill. On examination there is great tenderness and superficial hyperæsthesia over the right side, especially behind, and there may be considerable rigidity. At this stage the condition must be carefully distinguished from appendicitis and diaphragmatic pleurisy. The urine at first may be clear, containing only a small amount of pus; it should be centrifugalised for microscopical examination. No casts will be found, and the reaction will be acid or neutral. In a few days more pus will be found, the urine looks opaque, and a deposit of pus will collect at the bottom of the specimen-glass on standing. The temperature ranges from 100° to 103° F., and the pulse is correspondingly rapid. After a few days the patient usually becomes rather typhoid in appearance, and there may be delirium. Vomiting is not a prominent symptom, but constipation is the rule. On vaginal examination, the ureter may be felt enlarged, running across the vaginal vault on its way to the bladder; tenderness over it is not great.

When the disease is well advanced the patient resembles a case of typhoid. Widal's reaction will be negative, and the absence of spots and enlargement of the spleen,

together with the local pain, tenderness and and bacterial examination of the urine, should leave no doubt as to the diagnosis.

The treatment is simple. Urotropin, a milk diet, and relief of the constipation either with enemata or saline, is all that is necessary.

The pyrexia lasts a variable time; usually the temperature falls gradually at the end of fourteen days, but it may last for a longer or shorter period. The pyuria may persist for some time after the temperature has fallen. It has been suggested that the infection is an ascending one. Sir Cooper Perry has often pointed out that the bladder may escape serious infection, and yet the upper urinary passages may become infected after catheterisation. In the cases I have seen there was no catheterisation, and the infection is probably descending.

Prognosis.—This is good; nearly all the cases get well. The infection is probably limited to the renal pelvis and ureter, and only exceptionally extends into the renal tubules. If the kidney became infected one would expect a higher mortality, or more frequent renal complications, such as pyonephrosis. I have seen one case in which the urinary trouble started during a previous pregnancy. The patient became pregnant again, and a large pyonephrosis developed. The infection in this case was not due to *Bacillus Coli*, and an impacted calculus may have been at the bottom of the trouble. If the general condition of the patient becomes markedly febrile, there is a tendency to premature delivery, but in the majority of cases the urinary trouble clears up on simple treatment, the pregnancy going to term. The tendency for recurrence in future pregnancies is not marked, and if pus does recur in the urine, one should suspect a chronic condition which has been lighted up by the pregnancy. Pyonephrosis may be a sequel.

No doubt the severity of the disease varies greatly. It may be so mild as to escape notice. Should the disease run a virulent course, the question of terminating the pregnancy artificially must be considered. As a rule such a course will seldom be required.

The following short account of two cases of "Pyelitis of Pregnancy" are typical examples:—

Case 1.—Patient, aged 29, admitted into Clinical on September 23rd, 1907, under the care of Dr. Hertz. I am indebted to Mr. Goodhart for the notes. She had had one miscarriage in November without renal trouble. A fortnight before admission she complained of severe pain in the back, over the right kidney. The pain spread round to the front. The patient went to bed, and the doctor attending diagnosed appendicitis. She was constipated, the bowels not being open for three and four days at a time. The temperature was raised, and, getting no better, she was sent up to the hospital. On admission, she complained of pain in the right side, the point of maximum tenderness being behind just below the twelfth rib. There was great superficial hyperæsthesia over the appendicular region. Temperature 102° F.; pulse 120 per minute; tongue dry and furred, and was sick once before and once after admission. The fæcal condition was rather of a typhoid type. The urine contained pus, but not in large amount. She was given a milk diet, the bowels kept open with enemata, and urotropin as a medicine. On October 1st, 1907, the temperature was nearly down to normal, and the whole condition much improved. The uterine fundus was just above the level of the umbilicus, and the fœtus living. A pure culture of *Bacillus Coli* was obtained from the urine, which still contained pus, and the blood serum gave a negative Widal reaction. While in the ward there was at first a doubt about the diagnosis, but on further investigation typhoid fever was excluded, the case being a very typical example of the "Pyelitis of Pregnancy." There was no frequency of micturition.

Case 2.—Aged 19 years, admitted January 9th, 1901, into Queen ward, under Dr. Galabin. A primipara at sixth month of pregnancy. Pain started in right side seven days before admission, forcing patient to go to bed. Next day bleeding began from the vagina, and the doctor thought the fœtus was dead. The pain continued, accompanied with pyrexia and general febrile symptoms. The bowels, which were generally open daily, had lately been closed for three or four days at a time.

On admission.—Patient looked ill, face pinched and tongue dry. Great pain and tenderness over right renal region, especially behind. Fœtal heart heard, and there was now no hæmorrhage from vagina. Pus in small quantity in the urine. Reaction acid. Urotropin and milk diet prescribed. Temperature varied between 100° to 102° F. During the next few days the patient's condition improved, but the pain increased. On January 19th, put on fish diet. The temperature still irregular, between 99° to 100° F.

January 24th.—Was allowed to get up, but had to go to bed at once because of fresh attack of pain. Temperature, 100·8° F.

January 28th.—Better. Pus still present. Temperature lower.

January 29th.—Premature delivery. Fœtus six and a half months, living, but died some hours afterwards.

January 30th.—Temperature normal; pus still present in the urine. Pure culture of *Bacillus Coli.*

February 13th.—Temperature still normal. No pus in urine.

In this case the pyrexia lasted nearly a month, but the symptoms were apparently not so severe as Case 1.

The premature labour was probably due to the prolonged pyrexia, and it will be noted that the symptoms at once cleared up after delivery.

(To be continued.)

Pass List.

University of Oxford, 1907.—Second M.B. Examination.—Forensic Medicine and Hygiene: C. G. Douglas, B.A. (Magdalen), O. G. F. Luhn, B.A. (Christ Church). Medicine, Surgery and Midwifery: R. Evans, M.A. (Jesus), O. G. F. Luhn, B.A. (Christ Church). Degrees of M.B. and B.Ch. conferred: R. Evans, M.A. (Jesus), O. G. F. Luhn, B.A. (Chrish Church).

Dental News.

The Freshmen are with us! They may be seen standing about in groups on the stairs, and in the Conservation-room; also in the Laboratory, busying themselves unpacking their brand-new "Students' Dental Cabinets," wondering what all the wonderful instruments found therein can be for, and whether they will ever be able to know how to use them all! We are glad to see that so many have chosen Guy's Dental Department as their training ground, and we are sure that they will never regret their choice. We offer the Freshmen, one and all, a hearty welcome. We would like to say that if any of the new men find themselves in difficulties, not knowing what work they are supposed to do, or what lectures to attend, any of the Dental Staff, Sister Dental, or the House Surgeons are always willing to help them.

The Conservation-room is once more resuming its business-like appearance, and most of the men, who have been making the best of their holidays, have now returned to their duties. Sister Dental (Miss Upham), who has been away for three months, has now returned, and we heartily welcome her reappearance amongst us.

The waiting-room on the ground floor of the Dental Building has been converted into a first-class Dental Laboratory, equipped with every modern convenience, and in future will be set apart *exclusively* for the use of the Dental pupils, of whom a considerable number have now joined. A telephone has now been installed in all parts of the Dental Building in place of the old-fashioned speaking-tubes, and we are glad to welcome this innovation. The Dental Society will shortly be holding the first meeting of the session, and notice as to time and date will be posted on the board in the Conservation-room in due course. *All* are welcome. Freshmen, note this!

Specialities.

The Medical Supply Association.

The above firm, whose London address is 228–230, Gray's Inn Road, have a large selection of all kinds of scientific appliances, from a mounting needle to an operation table. A special list of instruments and accessories for students is published separately from the Association's catalogue, and includes every useful appliance a student of medicine needs. Dissecting cases and bones are offered at exceptionally low prices; in fact, the prices of all goods offered for sale by this firm are as moderate as is compatible with usefulness and duration.

Two Prescription Notes.

By H. Finnemore, B.Sc. Lond.

The abbreviation $\overline{aa}$, or the word "ana," is often used in prescriptions. According to a standard dictionary it means "of each." It is often used as follows:—

℞ Tinct. Gentian Co
Glycerini ... $\overline{aa}$ ʒi
Aquam ad ... ʒi

indicating that one drachm of each of the two substances named is to be taken. There is not the slightest doubt here what is intended.

Other cases have occurred where the use of this term has not been altogether free from ambiguity; for example, such a prescription as the following was written for a child:—

Mist. x.
Mist y. $\overline{aa}$ ʒss t. d. s.

and in accordance with the generally-accepted view of the meaning of $\overline{aa}$, the mixture was labelled "One ounce three times a day." On this view of the matter the mixture contained an overdose of one of the ingredients, so the prescriber was consulted. He held that the term $\overline{aa}$ meant "equal parts," and that half an ounce was the dose indicated.

It would certainly seem preferable, therefore, to limit the use of this term, as in the former example given above, and where in prescriptions equal parts are intended to indicate the same as "partes æquales," or by the abbreviation "p. æq."

Pilula Saponis Composita.—The next point refers to the prescribing of Pilula Saponis Composita. This pill contains twenty per cent. of opium, and is official in the "British Pharmacopœia." In the 1864 edition it was known as Pilula Opii, but in that of 1867 the term Pilula Saponis Composita was used, and Pilula Opii was mentioned as a synonym. The latter name has survived till the present time, and it is sometimes prescribed by this term now. Thus:—Pil. Opii gr. ii. But this leaves a measure of doubt whether two grains of opium are required or two grains of opium pill, and a case came to my knowledge where

a not very experienced nurse was called on to settle the point, which she did by administering two one-grain opium pills.

The point is this—where Pil. Saponis Co. is required, it should be prescribed by that name, and not called Pil. Opii, and that when opium is required it should be written—

℞ Opii gr. ii.
Ft. pil. *or* in forma pilulæ.

Travels of Metelacus.

(A further fragment from the M.S. of Metelacus.)

. . . other habits of the people. Now such time as they have no need to work, and this indeed would seem to be a thing not uncommon, they occupy themselves in strange fashion, for they dig up large holes in the ground, such that if a man were not ware of them he would doubtless fall into one and dash himself in pieces, for they are of good depth, and there is no order in the arrangement of them. And much of the land is sometimes given up to these pits and the mounds of earth removed in their making, so that when first we saw these things we deemed that there had been a mighty earthquake. And anon they return to the holes all that had been removed therefrom, and stand proudly by and say, "Behold the thing that we have done." And because of the slowness with which they labour, much time is employed in this work, of the doing of which they never weary, for when all is finished and they have made an end, soon they begin to dig again in yet other places.

And likewise they will oft-times pull down many of their buildings and make other buildings; howbeit, these too are not suffered to remain long, but anon in their turn perish, so to make room for even newer dwelling-places.

Thus do men employ their leisure hours in this land of marvels, but to what purpose all this may be, it has never been our lot to discover.

Now upon a day it was told us, "To-day, ye shall appear before all our Great Ones: and whatsoever question shall be asked, that answer, and have no fear, for they are gentle of heart, though oft-times their manner belies them." And we had much desire to see what manner of men these should be.

So when the time was come we approached with downcast looks and halting steps to see how they might greet us. And we saw them first from afar, and behold they were a goodly company, howbeit not of our ways of apparel and visage, and we were astonished that the greater number of them suffered not their beards to grow, but cut the hair off close to the skin. . . .

. . . And one approached us and besought us, making question as to our health, and asking whether we flourished or no: to whom with grateful hearts we affirmed that indeed all was well with us, for it pleased us to be thus addressed by so mighty a man. And he took cord and wound it about our bellies, taking the girth thereof, also he measured the size of our hands from the wrists to the knuckle-bones, and he said, "Lo, these men are skilled in the use of the anvil." And we marvelled greatly thereat (for indeed of this trade we knew nothing).

And as we passed among them, great was our joy when we beheld one of them bearded. But when we approached him gladly, we saw that he slumbered, and we feared to wake him. But he murmured softly as he slept, spreading out his hands, yet no word heard we save that all men should perish, and this we understood not.

And another saw we at a small distance, and it seemed to us that he made offering unto the gods. For he stood by a platter, and on the platter were the entrails of one dead of a loathsome disease, and ever and anon he caressed the entrails lovingly and smiled, so that we feared to go near for the horror of the thing. And he stood over the entrails with a knife in his hand, and called with a loud voice upon his god, and the name of the god was Bel, of whom we had known nothing.

Then we saw two together, of marvellous likeness, that we had imagined them to be twins; nevertheless, we learnt after that there was no kinship between them, and that they were as nothing to each other. And the one was clad in a black garment and the other in a white, and both smiled, but the smile of the wearer of white was greater than the smile of him in black. . . There was to one of them a wallet which lay open upon the ground, wherein we might see many instruments of torture wrought in iron, and the skull of a babe, so that we were perplexed as to the meaning of these things.

So we turned away, and we saw one of the great men afar off, and we said, "Here is surely a holy man, and a pious, for does he not cleanse his hands unceasingly?" but as we came nigh there appeared to us gazing neither ewer nor water, with which he might cleanse himself.

Thus were we assured that it was even as we had said, and we cried that here was a Miracle, and a Holy Man indeed.

And yet other approached us, and he spake us very fair, and his words were soft. But suddenly he began to sway in his walk, reeling as one drunken with new wine. But when we would have hastened to his succour (for we thought he was afflicted), we were restrained; for, said they, "This is but a pretence, since it is his pleasure to mimic the gait of those who cannot walk aright." And he stumbled against Embebias, throwing him to the ground; and, lo! the mantle of Embebias was rent, and we wailed aloud. . . .

(Another blank appears in the Manuscript.)

Change of Address.

Captain H. P. W. Barrow, R.A.M.C., from the Irish Command to Dublin.

Surgeon Herbert R. H. Denny, R.N., from H.M.S. *Forth*, Plymouth, to R.N. Hospital, Cape of Good Hope.

Dr. Richard Felton, from Patrington, E. Yorkshire, to Broadbottom, near Manchester.

Dr. J. H. Mayston, from Guy's Hospital to Central London Ophthalmic Hospital, Gray's Inn Road, W.C.

Captain H. D. Packer, R.A.M.C., from Golden Hill to Portsmouth.

Major G. T. Rawnsley, R.A.M.C., from Queenstown to Aldershot.

Mr. W. W. Vaughan, L.D.S., from Guy's Hospital to 5, High Street, Southampton.

Dr. R. S. Witcomb, from 163, Richmond Park Road, Bournemouth, to 171, Richmond Park Road, Bournemouth.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

Appointments.

Civil.

Lavers, Norman, M.D., M.R.C.S., L.R.C.P., has been appointed Physician Superintendent of Bailbrook House, Bath.

Mayston, J. H., M.R.C.S. Eng., L.R.C.P. Lond., has been appointed House Surgeon at the Central London Ophthalmic Hospital, Gray's Inn Road, W.C.

Naval & Military.

Surgeon Herbert H. R. Denny, R.N., has been appointed to the Cape of Good Hope Naval Hospital, and Surgeon A. R. Thomas, R.N., to Plymouth Naval Hospital.

Surgeon-General F. W. Trevor, C.B., M.B., Army Medical Staff, is appointed to the 6th (Poona) Division.

Nursing News.

Matron's Office.

We much regret to announce the death of Miss Constance W. Arnold, at Wickwar, on Friday last, the 27th ult.

Miss Arnold commenced her training in December, 1896, and was appointed Sister of Lazarus ward in 1900, which post she held until May, 1903, when she was obliged to resign on account of ill-health. Miss Arnold was much beloved by her patients, whose welfare was her first consideration, and she gained the esteem of all her fellow-workers.

The news of her death came as a shock to those who knew her here, for although she had been ill for over two years, she was well enough to visit the hospital only a fortnight previously.

Miss J. M. Orr (Sister Jessie), who had been acting as Hospital Housekeeper since August, 1906, left the hospital on September 16th, to take up the appointment of Matron at the Taunton and Somerset Hospital. Miss Marian Bryan, who completed her training in 1902, and has since held the appointments of Sister at the Government Hospital, Pretoria, and Night Superintendent, Kimberley Hospital, South Africa, has been appointed Hospital Housekeeper.

On August 9th, Nurse Page left the hospital on completion of her three years' training, and Probationer Pearce was appointed to succeed her as Head Nurse in Job ward.

On August 15th, Nurse G. Leigh left the hospital on completion of her three years' training, and Probationer Krauss was appointed to succeed her as Head Nurse in Naaman ward.

On August 28th, Nurse Bartlett was appointed Head Nurse in Charity Ward.

On August 31st, Nurse E. Ray left the hospital on completion of her three years' training, and Probationer Du Sautoy was appointed to succeed her as Head Nurse in Addison ward.

Nurse Bowen also left the hospital on this date, and Nurse Baker was appointed to succeed her as Staff Nurse in the Massage Department. Probationer Gautier was appointed to succeed Nurse Baker as Head Nurse in Esther Ward.

On September 3rd, Nurse Lane left the hospital on completion of her three years' training, and Probationer Wulff was appointed to succeed her as Head Nurse in Lydia Ward.

On September 5th, Nurse Schnittger left the hospital on completion of her three years' training, and Probationer Hall was appointed to succeed her as Head Nurse in Patience and Samaritan Wards.

On September 6th, Probationer Hambro was appointed Head Nurse in the Out-patient Department.

On September 13th, Nurse Stafford left the hospital on completion of her three years' training, and Probationer Ferry was appointed to succeed her as Head Nurse in Queen Ward.

On September 16th, Nurse Pace left the hospital to take up her duties on the Private Nurses' Staff, and Probationer A. M. Fletcher was appointed to succeed her as Head Nurse in Esther Ward.

On September 18th, Nurse Clifford took up her duties as Staff Nurse in the Actinotherapeutic Department.

On September 23rd, Nurse Ward, Head Nurse in Esther, and Nurse St. John, Head Nurse in Bright Ward, left the hospital on completion of their three years' training. Probationer Porter was appointed to succeed Nurse Ward as Head Nurse in Esther, and Probationer Perkins to succeed Nurse St. John as Head Nurse in Bright Ward.

On September 24th, Nurse M. Hughes left the hospital on completion of her three years' training to take up her duties on the Private Nurses' Staff, and Probationer Maycock was appointed to succeed her as Head Nurse in Dorcas Ward.

Papers by Guy's Men.

An Address on the Instruction of Midwives in the Symptoms and Signs of Abnormal Labour. By Peter Horrocks, M.D. Lond., F.R.C.P. Lond.—*The British Medical Journal*, 28th September, 1907.

Recent Work in Diseases of Childhood. By George F. Still, M.A., M.D. Cantab., F.R.C.P. Lond.—*The Practitioner* for October, 1907.

Books Received.

Museum of the Royal College of Surgeons of England—Illustrated and Descriptive Catalogue of the Physiological Series of Comparative Anatomy, vols. i. and ii.; Seymour Taylor's Acute Pneumonia; Clutterbuck's Nerve Diseases; Fothergill's Blood Examination; The Practitioner; The Journal of Obstetrics and Gynæcology; The British Journal of Children's Diseases; The Australasian Medical Gazette; British Dental Journal; British Homœopathic Review.

THE EDITOR will, at all times, be glad to consider articles or sketches, provided that they are accompanied by the writer's name and address, not necessarily for publication. Payment is a matter of arrangement, and the fees that the Gazette *can offer are merely nominal, but if the writer desires any remuneration that fact should be stated.*

Sport.

The Football Club.

RUGBY.—1st Fifteen.

The following fixtures have been already arranged for the coming season:—

Oct.	5	Lennox	Home
	12	Catford Bridge	Home
	19	Rosslyn Park	Away
	23	Cambridge University	Home
	26	London Welsh	Home
Nov.	2	U.C.S. Old Boys	Home
	9	Streatham	Home
	16	London Welsh	Away
	23	London Irish	Away
	30	Newton Abbot	Away
Dec.	7	Northampton	Away
	14	Richmond	Away
	21	Rosslyn Park	Home
Jan.	4	Catford Bridge	Away
	11	U.C.S. Old Boys	Home
	18	Lennox	Away
	25	Old Merchant Taylors	Away
	29	Oxford University	Away
Feb.	1	Old Alleynians	Home
	8	Blackheath	Away
	15	Plymouth	Away
	19	Cambridge University	Away
	22	Old Leysians	Home
	29	Park House	Home
Mar.	7	United Services	Away

2nd Fifteen.

Oct.	5	Lennox "A"	Away
	12	Catford "A"	Away
	16	Dulwich College	Away
	19	U.C.S. Old Boys	Home
	26	London Welsh "A"	Away
Nov.	2	Beckenham "A"	Away
	9	Streatham "A"	Away
	16	Harrow	Home
	30	Rosslyn Park "A"	Away
Dec.	14	Acton Park	Away
Jan.	4	Catford "A"	Home
	11	Old Charltonians	Away
	18	London Welsh "A"	Away
	25	Rosslyn Park "A"	Home
Feb.	1	H. K. & S. Banks	Away
	8	Lennox "A"	Home
	15	London Scots "A"	Home
	22	Old Paulines	Away
	29	London Welsh "A"	Away
Mar.	7	U.C.S. Old Boys	Away
	28	London Irish "A"	Away

3rd Fifteen.

Oct.	5	Lennox III.	Away
	12	Blackheath School	Away
	26	Harrow "A"	Away

Nov. 2	Streatham II....		Away
9	King's College School		Away
20	Royal School of Mines		Away
23	St. Paul's School II....		Away
27	Dulwich School II.		Away
Dec. 4	Tonbridge School II.		Away
7	King's College Engineers		Away
14	London Hospital III.		Home
Jan. 11	Old Alleynians "B"...		Away
15	King's College Engineers		Home
18	Harlequins II.		Home
Feb. 1	Park House "B"		Away
5	Royal School of Mines		Home
8	Willesden "A"		Away
15	Blackheath School		Away
22	Old Charltonians "A"		Away
29	Lennox III.		Away
Mar. 7	Sidcup "B"		Away
14	Old Alleynians "B"...		Away
18	King's College School		Away
21	Richmond "B"		Away

ASSOCIATION.—1st Eleven.

Oct. 5	Trial Game		Home
9	Trial Game		Home
12	Old Tollingtonians		Away
19	R.M.A.		Home
26	Reigate Priory		Away
30	Eastbourne		Away
Nov. 2	Old Malvernians		Home
9	Old Quermonians		Away
13	Casuals		Home
16	Old Cranleighans		Home
23	Old Westminsters		Home
27	Simmaries		Home
30	R.M.C....		Away
Dec. 4	Emeriti		Home
7	Beckenham		Away
14	Old Quernmonians		Home
21	Sidcup		Home
28	Kenley		Home
Jan. 8	L. C. Asylum		Away
11	Beckenham		Home
15	Casuals		Home
18	Alleyn		Away
25	Old Tollingtonians		Home
Feb. 1	Weybridge		Away
5	R.M.A.		Away
8	Old Citizens		Home
12	Emeriti		Home
15	London Devonians		Away
22	Lee		Home
26	Old Feldstedians		Home
29	Surbiton Hill		Away
Mar. 7	Ramsgate		Away
11	Simmaries		Away
14	Old Albanians...		Away
21	3rd Kent Artillery		Away

2nd Eleven.

Oct. 5	Trial Game		Home
9	Trial Game		Home
12	Old Tollingtonians "A"		Home
16	Camberwell Grammar School ...		Away
19	Reigate Priory "A"...		Away
23	St. John's Hall		Away
26	Central Technical College		Home
30	St. Bart.'s 2nd XI.		Home
Nov. 2	Foxes		Away
6	St. John's College, Battersea ...		Away
9	Old Citizens "A"		Home
16	Royal College of Science		Away
20	Sidcup College		Away
23	Old St. Catherines		Away
27	St. Bart.'s 2nd XI.		Away
30	Old Askeans		Home
Dec. 7	Beckenham "A"		Home
11	City of London School		Away
14	Horton Asylum		Away
18	Camberwell Grammar School ...		Home
21	Surbiton Hill "A"		Away
Jan. 4	Eversleigh "A"		Away
11	Beckenham "A"		Away
18	Sidcup "A"		Home
22	St. John's College, Battersea ...		Home
25	Old Tollingtonians "A"		Away
29	Manor House School...		Home
Feb. 1	City of London School		Home
8	Old Askeans		Away
15	Reigate Priory "A"...		Home
19	Royal College of Science		Home
22	Old Citizens "A"		Away
29	Surbiton Hill "A"		Home
Mar. 4	Manor House School		Away
7	Sevenoaks School		Away
11	Brentwood School		Away
14	Sidcup "A"		Away
21	Old Finchleians		Away

Fixtures will be arranged for a 3rd Association XI. if there are a sufficient number of players.

Birth.

YOUNG.—On September 26th, at "Meadowside," Twyford, Berkshire, the wife of F. C. Young, B.A., M.B., B.C. (Cantab.), of a daughter.

Marriages.

DURHAM—HARMER.—On September 25th, at St. Mary's, Monmouth, by the Rev. C. F. Reeks, vicar of the parish, Herbert Edward Durham, M.B., B.C. (Cantab.), F.R.C.S. (Eng.), son of the late Arthur E. Durham, Consulting Surgeon, Guy's Hospital, and Maud Lowry, younger daughter of the late Captain William Moyse Harmer (late Captain, 81st Regiment), of Osbaston, Monmouth, and of Mrs. Harmer, Monk Street, Monmouth.

STURDY—BRIERLEY.—On September 10th, at S. Bridget's Church, Bridstow, Ross, by the Rev. Prebendary Brierley, assisted by the Rev. H. C. Sturdy, father of the bridegroom, H. Carlile Sturdy, M.D., of 81, Bolingbroke Grove, Wandsworth Common, S.W., to Winifred A. Brierley, eldest daughter of the Rev. Prebendary Brierley, vicar of Bridstow.

Ed.—M. E. B.

GUY'S HOSPITAL GAZETTE.

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Passim.

THE Annual Dinner and First Meeting of the Pupils' Physical Society took place on Friday, October 4th. The dinner was held in the College, with Mr. H. Cosmo Bonsor in the chair. A large gathering of members of the Staff, and past and present pupils of the Hospital assembled to dinner; and after few and short speeches, trooped over to the Anatomical Theatre, where many others had already obtained their seats to listen to Dr. Gibson of Edinburgh. Sir Samuel Wilks was in the chair at the meeting, and after the ordinary business of the Society was completed, at once invited Dr. Gibson to give his address, entitled "Past and Present."

THE full text of the address is published elsewhere in the GAZETTE, and so speaks for itself that nothing remains for comment from us. Suffice it to say that it is the work of a master of its subject. Dr. Gibson has spared no pains in making clear the whole history of our knowledge of Addison's disease since the work of the famous physician whose name it bears. No point, however small, has escaped Dr. Gibson's notice, no reference to authorities has been left out. The whole is comprehensive, complete, wonderful. Those who read the address will be well repaid, but they will miss the enjoyment afforded to the members who were present in not hearing the author himself deliver it. Dr. Gibson is one of those happy men who never need wait for lack of a suitable word; addressing an audience is to him as reading a book is to most of us. He attracted the attention of all from the first with his kind and courteous references to Guy's, and held it to the end. May the Physical Society welcome him again before many years have passed!

SIR SAMUEL WILKS, from the chair, was as alert and witty as ever. As usual, nobody to whom he referred escaped scot-free. At his first mention of the GAZETTE, we were delighted to hear that he is a regular reader. But we had to curl up later on. In calling for a vote of thanks to Dr. Gibson, Sir Samuel showed how he had been as interested as all of us in the Edinburgh physician's paper. A word is necessary on the wonderful selection of kymograph tracings Dr. Gibson displayed, mounted as lantern slides. A large number of pulse tracings were shown, each carefully lettered and numbered in the neatest of figures, as further evidence of the immense amount of work Dr. Gibson has done in connection with pulse tracing and pulse taking. The meeting concluded with votes of thanks, Mr. Digby speaking out of his turn, but otherwise excellently.

AFTER the meeting had concluded and coffee had been served, a display of various articles was inspected on the ground floor of the Museum; where several firms had arranged a small exhibition for members' benefit. All the latest books, microscopes, instruments, drugs, and products

of the printers' art were on show, and proved of much interest. A youth was explaining the names and actions of various obstetric instruments to one of our physicians in Queen ward, who proved a ready listener. The meeting was in every way a great success.

The recent improvements in the Students' Club have added greatly to the comfort and the appearance of the Club. All the furniture has been renovated in the smoking-room, the arm-chairs and lounges being thus made much more inviting, and the room brighter and more cheerful than ever. If only that bar and the little glass galley at the end had never been erected! But still, the smoking-room has greatly benefited, and after lunch time is very inviting and quite fit to bring one's friends into to point out the trophies of sport and portraits of sportsmen on the walls. The little lavatory outside the dining-room has been fitted up with new basins, which are a great improvement. These changes, together with the installation of the telephone in the porters' lodge, are a very good year's work, and to the Hon. Secretary of the Club are due the thanks of all members who use the club rooms.

We have received the regulations for the examination for the D.P.H. Cambridge, and enclosed with them is the following notice:—

"The Registrary's attention has been called to a misunderstanding which has sometimes arisen in connection with the use of the abbreviation 'D.P.H. Camb.' by graduates of other Universities who hold the Diploma in Public Health. Such a description as 'M.A., M.D., D.P.H. Camb.' has been taken to imply that the 'M.A., M.D.' degrees also were those of the University of Cambridge. In order to avoid the misunderstanding, it is desirable that the source of any degree thus employed should be separately indicated, *e.g.*, 'M.A., M.D. Oxford," "D.P.H. Camb."

"This notice applies also to the use of the abbreviation 'D.T.M. and H. Camb.' by graduates of other Universities who hold the Diploma in Tropical Medicine and Hygiene."

Oxford men, please note!

We regret to record the death of Mr. Richard Rendle, F.R.C.S. England, which occurred at Kingaroy, Queensland. Mr. Rendle was a student at Guy's, and qualified as a member of the Royal College of Surgeons in 1868, taking his Fellowship three years later. Subsequently he held the appointments of house-surgeon, surgical registrar, and demonstrator of anatomy, and was appointed surgeon to the Seamen's Hospital, Greenwich, and the Royal Infirmary for Women and Children, Waterloo Road. Later he went out to Queensland, where he took up several important positions, and remained there till his death, on August 10th this year. While he was surgical registrar at Guy's he devised an inhaler for the administration of bichloride of methylene, which is still to be found in instrument makers' catalogues.

Mr. Croucher asks us to acknowledge the following donations to the Miller Fund, which is slowly increasing, much to his (Mr. Croucher's) satisfaction:—

Dr. A. W. Penrose, £1 1s.; Dr. Tyson, 5s.; Dr. C. B. Penny, £1 1s.; "M. N. O.," 5s.; Guyoscope Committee (sale of single numbers), 3s.; "L. S. H. G.," 10s. 6d.; "C. M. D.," 2s.

We are informed by the Hon. Sec. of the Rifle Association that their Annual General Meeting will take place on Thursday next, and that all Freshmen interested in rifle and revolver shooting should attend. The meeting will be held in Class-room 2 in the Physiology Building, and the President, Sir Alfred Fripp, will be in the chair at four o'clock.

The Rugby Football team have started the season in splendid form, and we can now reasonably expect to get together a first-class team for the Cup-ties. Moberley and Hoby, the new forwards, have shown themselves capable, and should keep their places, while Stout, of last year's "A" team, has also proved himself very useful. Both matches, against Lennox and Catford, have been played on a hard, dry ground, thus producing plenty of fast play for the backs. There was not an empty seat in the stand, and a large crowd was standing on the touch-line last Saturday. Next Wednesday the home match against Cambridge is to be played, and if our team keep up their present form should result in another win for Guy's.

Notices.

ROYAL NAVY.

An Examination of Candidates for entry into the Medical Department of the Royal Navy will be held on the 11th November, 1907, and following days, at Examination Hall, Thames Embankment.

The forms to be filled up by Candidates will be supplied on application to the Medical Director General, Admiralty, 18, Victoria Street, S.W.

8th October, 1907.

Infection of the Urinary Tract during Pregnancy.

By Mr. H. T. Hicks, F.R.C.S.

(*Continued.*)

(b.) *Ascending Infection.*—During pregnancy, infection of the lower part of the urinary tract requires a careful consideration. Cystitis, apart from pregnancy, is a rare disease.

In gonorrhœal infection of the vulva the urethra and local ducts nearly always share in the infection, which frequently ascends the genital canal, but seldom invades the urinary tract. In contrast with the male, the female urethra is a short open canal directed almost vertically downwards and a little forwards when the patient is in the upright position. Drainage is therefore good if infection takes place, and the intermittent downward gush of acid urine during micturition washes away purulent material. Bladder infection is therefore not common in women. Pregnancy is said to render the bladder more susceptible to ascending infection. Miribeau relates several cases of this kind. The infection ascended from the vulva, causing pyuria, high temperature, and bilateral renal pain. I have not seen such a case, nor do I believe that local vulval gonorrhœa often causes ascending pyelitis, either with or without the presence of a pregnant uterus. It is quite possible that if a woman is suffering from gonorrhœal septicæmia the infection, if it reaches the kidney, is blood borne.

Let us now consider cystitis as a complication of pregnancy. The bladder may be infected spontaneously from below, but even in these days the catheter must still be looked upon as the chief offender. The condition of the bladder itself is important. During pregnancy it is in a most sensitive state, and, moreover, is subjected to pressure from the growing uterus, especially in the early and late stages of pregnancy. The position of the bladder is also altered during pregnancy and labour. I will not go into details with regard to the anatomical position of the bladder and the pregnant uterus in relation to one another, but pressure and hyperæmia cause changes in the bladder which render it liable to a bacterial attack. Retention of urine due to obstruction to the outflow, when associated with retroversion and incarceration of a gravid uterus, is perhaps the most important predisposing cause. History of past cases relates how virulent the cystitis may be, and how rapidly infection may ascend the ureters. As I have pointed out at the beginning of this short article, catheterisation during pregnancy is a much more dangerous proceeding than during the non-puerperal state, and, in spite of antiseptic precautions, cystitis may follow within a few hours. In cases of retroverted gravid uterus, when incarceration takes place the pressure on the neck of the bladder causes obstruction to the outflow of urine and backward pressure along the ureters. The urinary stasis causes the reaction of the urine to become alkaline, affording a suitable soil for bacterial growth. Repeated catheterisation may not only injure the mucous, but each time the catheter passes there is an additional risk of infection. If a patient comes complaining of retention of urine at the fourth or fifth month of pregnancy, and the uterus is found to be retroverted, with the fundus low down in Douglas's pouch, the cervix tilted upwards and forwards and the bladder forming a large cystic abdominal swelling, what is the right treatment to adopt?

If the patient is put to bed, being kept in the prone or semi-prone position as much as possible, and the bladder is relieved by catheterisation regularly, the uterus will, in most cases, spontaneously right itself without any more help than keeping the bowels well open. This simple form of treatment should always be adopted before making any attempt to reduce the malposition by manipulations, and the uterus will generally be found in its normal position within forty-eight hours from the commencement of the treatment. I have seen a retroverted gravid uterus spontaneously right itself within twelve hours after a prolonged attempt to push it up with the patient under an anæsthetic, and, on another occasion, a retroverted gravid uterus, which was thought to be an impacted cyst in Douglas's pouch, was found to have gained its normal position when laparotomy was performed next day. Now the treatment of retroversion of the gravid uterus causing retention is, as a rule, simple enough, but there are exceptions. Cystitis and threatened abortion are two complications which seriously alter the prognosis and the treatment.

If the urine becomes alkaline the uterus must be at once replaced, and the pressure on the bladder thus relieved. It is useless to treat the cystitis without doing away with the cause of the retention, because the bladder will not drain properly, nor will washing it out be effective, and stagnant urine will still lie behind the seat of obstruction. It is best, therefore, not to persist in simple rest and catheterisation, in any case, for more than forty-eight hours, and if cystitis supervenes the uterus should at once be restored to its normal position by one of the various means at our disposal, followed by active treatment of the cystitis. One never knows where such a condition may lead to. The severity of the bladder symptoms is no guide to the state of the ureters or the probabilities of an ascending infection. The patient may say she feels better, the temperature may be normal, and her general condition excite no suspicion that she is perhaps within a few hours of becoming comatose. The pulse is the best guide as to the true state of the patient's condition. I can only say that a rapid irregular pulse, a normal or subnormal temperature occurring in a patient suffering from cystitis and retention of urine, due to the pressure of a retroverted gravid uterus is a really dangerous condition.

The following short account of a case will illustrate what has been said above:—

Patient, aged 28, who thought herself to be four and a half months pregnant. For a little more than a week

she had complained of difficulty in passing her urine, and a catheter had to be passed on several occasions. The patient did not improve, and the urine became blood-stained. She was admitted into Queen ward. On admission the bladder formed a cystic swelling extending nearly up to the umbilicus. The enlarged uterus was strongly retroverted, the cervix being displaced high up in front and the fundus low down in Douglas's pouch behind. The urine drawn off by catheter contained a large quantity of blood and was alkaline in reaction. She was put on a milk diet, Urotropin given, and the bladder was washed out several times with boric lotion. During the next few days the patient remained about the same. The urine was still alkaline, and on several occasions she passed urine without aid. On the seventh day of admission she began to get drowsy, but said she felt better. There was still difficulty in passing urine, which, however, was of fair quantity. There was no sickness, but the pulse was becoming more rapid, and there was not much doubt now that uræmic coma was threatening. The temperature fell below normal, and the uterus remained in its retroverted position. On the evening of the ninth day the patient miscarried, the fœtus being dead and partly macerated. She went rapidly into coma and died next day.

At the autopsy the mitral valves showed a well-marked terminal infective endocarditis, and small pin-point infarcts were seen in the spleen. The bladder wall was much thickened and lined by a foul greenish material. The mucous membrane had completely disappeared, except at the opening of the urethra. Both ureters were infected, the left kidney smelt foul and contained an abscess in its cortex. The right kidney did not appear to be infected.

No doubt the patient died of renal septicæmia and uræmic coma. There is one point which I should especially like to draw attention to. The patient did not show any sign of the dangerous state she was in till three days before death. The coma came on gradually without any warning symptoms, such as vomiting or twitchings. The coma was indeed exactly like that of diabetes.

I have no hesitation in saying that if cystitis follows retention of urine due to pressure of a retroverted gravid uterus, the case should give rise to great anxiety. The pressure on the neck of the bladder should at once be relieved by replacing the uterus, and the cystitis actively dealt with.

(c.) *The Effect of Pregnancy on Pre-existing Renal Inflammation.*—Pregnancy may cause trouble in two ways, viz.: (1) If the kidneys themselves are diseased, but still effective in their functions, the incidence of pregnancy will throw extra work upon them, which may result in the appearance of uræmic symptoms. (2) A pre-existing chronic inflammatory lesion of the kidney pelvis or ureter, such as "calculus pyelitis," may be lighted up by pregnancy, resulting in a secondary infection of the kidney.

(1.) No better example of the effect of pregnancy on pre-existing disease of the kidneys can be given than that of interstitial nephritis. It is true that interstitial nephritis cannot be considered in the same light as infective nephritis, but it serves as an excellent example of showing clinically the increased strain which pregnancy throws upon the kidneys.

A patient may be quite unaware that her kidneys are diseased until a pregnancy lights up the trouble, and may be said, roughly, to turn an interstitial into a tubular nephritis. Œdema, cardiac hypertrophy, albuminuria, and retinal changes become exaggerated to a more or less degree during pregnancy and subside after the birth of the child. In more severe toxic cases the symptoms of uræmia make their appearance, which may lead on to coma and death.

As an example of the severe type, I will give an outline of the case of a woman, aged 39 years, who was admitted into Victoria Ward in the early part of this year. Her husband stated that she had been in good health up till about ten days before admission, when at about the fifth month of pregnancy she complained of headache and attacks of vomiting. These symptoms continued, and the vomiting become severe. When admitted, the patient looked pale, but not wasted, and while in the ward the vomiting was not excessive. The pulse was rather feeble and rapid, and the patient's general appearance gave one the idea that she was suffering from a so-called pregnancy toxæmia. Urine was passed in fair quantities at first, and on centrifugalisation was found to contain casts and blood. The bowels were kept open, a milk diet given, together with subcutaneous infusion. The temperature became subnormal and urinary output decreased, and the patient passed gradually into a comatose condition and died about ten days after admission. At the autopsy both kidneys showed chronic interstitial changes with acute degeneration of the tubular epithelium.

(2.) The effect of pregnancy on pre-existing inflammation of the urinary tract is well shown in the following two cases.

Case 1.—L. H., aged 32, admitted in 1905, being at about the fifth month of pregnancy.

Her first child was born six years ago, and during the puerperium a catheter was passed frequently. Four years later she again became pregnant, and at the seventh month she was seized with acute pain in the right renal region, accompanied with pyrexia. These symptoms lasted till the child was born at full term, when they abated, but the pyuria lasted for some time afterwards. This attack was probably due to infection of the right renal pelvis by *Bacillus coli* (pyelitis of pregnancy), since the sudden onset of right-sided pain, accompanied with pyuria and pyrexia, is very typical of this form of infection.

During the interval of four years between the second and present pregnancy, the patient had suffered from attacks of right-sided renal pain, and the urine was said to contain a small amount of pus on several occasions. There was no hæmaturia. At the beginning of the second month of the present pregnancy she was again seized with acute pain in the right side, and a few

days later a swelling was noticed in the right renal region. The temperature rose, and the patient became decidedly ill. On admission, she seemed wasted, and a large fluctuating swelling occupied the right renal region, pushing the pregnant uterus over to the left. The urine was alkaline in reaction and contained large quantities of pus, but there were no bladder symptoms. The temperature was irregular, ranging between normal and 100° F. The renal swelling was opened by a small incision through the loin, and a large quantity of thin purulent urine came away. The patient miscarried four hours after the operation. No calculus could be felt, nor could any kidney substance be made out by the exploring finger. Staphylococci were present in large quantities, but bacilli were also found. The material removed was examined for tubercle, but even an extended examination in the bacteriological department failed to demonstrate its presence. The patient made a good recovery, but was still passing small quantities of pus when she left the hospital.

It is possible that in this case a calculus impacted in the right ureter might have been at the bottom of the trouble; but whatever the cause might have been, there is no doubt that the trouble began during the second pregnancy, and quietened down immediately after delivery at full term, and during the next four years, although the patient suffered from slight renal pain and pyuria, it neither incapacitated her from work or forced her to go to bed. But as soon as she fell pregnant again the infected right renal pelvis flared up again, resulting in the formation of a pyonephrosis.

Case 2.—Mary A., æt. 36. Two previous pregnancies, the last being ten years ago. She had been in bad health for ten years, and dated her trouble from the last pregnancy. There had been attacks of left renal pain and hæmaturia at irregular intervals. The patient was admitted on April 9th, 1895, at the seventh month of pregnancy. On March 18th she was seized with acute pain in the left lumbar region. A large quantity of pus was present in the urine, which was alkaline, but contained no blood. The general condition was bad; the pulse 120, the temperature 99·8. As her condition did not improve, labour was induced on April 18th, and a seven months still-born fœtus delivered. During this time there was great tenderness and some swelling in the left renal region. The patient became drowsy, coma set in, and she died on April 28th. At the autopsy a large pyonephrosis was found on the left side containing 12 oz. of pus. Two calculi, weighing forty-eight and twenty-five grammes, were impacted in the upper part of the ureter. The right kidney also contained a small stone, and its pelvis showed a well-marked pyelitis. The mitral valve was stenosed.

That pregnancy should light up chronic pyelitis is only what might be expected when one considers the vulnerable state of the urinary tract during this period.

With regard to tuberculosis, opinions differ; and probably in the early stages of tuberculosis of the urinary tract the symptoms abate during pregnancy in much the same way as in the case of phthisis, but during the puerperium the disease is liable to become worse. In advanced cases where, if one or both kidneys are affected, the extra strain of pregnancy may throw too much work upon the already heavily-taxed portions of healthy renal tissue, uræmic coma or general tuberculosis may carry the patient off. Tuberculosis of the urinary tract is rare in pregnant women. Dr. French and I have only found two cases of this disease on looking up the past reports for the last twenty years. Both these died of general tuberculosis.

There is just one more point of practical importance which I should like to refer to. If a pregnant woman is passing pus in the urine, always inquire carefully into the cause. The dangers of cystitis during pregnancy have been mentioned above, but it is well to remember that pyuria, even when not accompanied by the high fever and severe pain, as is seen in the pyelitis of pregnancy, may mean more than appears clinically. I remember a woman with a contracted pelvis, who came in for Cæsarian section. Her temperature was normal, and she seemed quite well, but she was passing a considerable amount of pus in an acid urine. She was in hospital some days before labour set in, and a purulent urine was found to contain staphylococci in large numbers. The patient died of renal pyæmia twelve days after the operation, and at the autopsy the right ureter was found dilated, and the kidney contained several small abscesses. The left kidney pelvis also contained pus, and there were a few small ulcers in the mucous membrane of the cæcum.

The presence of pus in the urine during pregnancy must weigh heavily with the obstetrician in considering the prognosis, treatment, or the question of surgical interference of any kind.

N.B.—In recording the notes of Case 1 (Pyelitis of Pregnancy) in the first part of this article, I said that on October 1st the temperature had fallen to normal and the patient's condition was much improved. The temperature, however, did not settle, but became irregular, varying between normal and 103° F., then became less; but on October 10th the temperature rose to about 102°, and remained up for several days, and is still running an irregular course. The pain in the right side has increased, and there is a definite fulness in the right hypochondriac region. The patient's general condition has become worse. There is a leucocytosis of over 20,000, and the right plural cavity is said to contain fluid.

This has, therefore, not run a typical course. The attack is so severe and the pyrexia so persistent that some exceptional complication is likely. It is probable that the kidney itself and the perirenal tissues have become infected, which may lead to the formation of an empyema.

The case in fact is so atypical that the correctness of the diagnosis of "Pyelitis of Pregnancy" has been doubted by an eminent physician. I see no cause for doubting the original diagnosis, for present symptoms can be explained by an extra-renal spread of the inflammation. The case is of such extreme interest that I will record its future history.

Guy's Hospital Debating Society.

The first meeting of the session was held in the Smoking Room on Saturday, October 12th, Dr. Savage in the chair.

The House being unable to put forward any complaints, thus showing their complete confidence in the secretaries, Mr. Price moved, "That in the opinion of this House the present treatment of criminals does nothing towards the prevention of crime."

Mr. Price proceeded to divide up criminals into those who made a business of crime, those who only took to it in their spare time, and those who were criminals because it was the family profession. He then gave some lurid details of the family life of the latter class, and said he found it easy to tell criminals from their faces. (One member here left hurriedly.)

Mr. T. T. O'Callaghan (opposing) said it was his duty to explain the meaning of the motion, presumably because it was generally the rule to find fault with the wording. He said he considered the newspaper reports of crimes very interesting reading, and a great preventative to crime.

Mr. Stout, who seconded the proposition, was very wrathful at the amount of money paid to policemen, and suggested that criminals should be kept in prison till they promised to be good.

Mr. Fradersdorff thought that crimes were decreasing, and therefore the present system was doing good.

The Chairman then, in an interesting speech, laid the subject open to discussion.

Mr. Dryland suggested that all criminals should be handed over to the pathologist to have their opsonic index to crime determined.

Mr. Brookhouse wished to add another class of criminals, namely, those who committed crimes when in a hurry.

Mr. Cook wanted corporal punishment to be given more often.

Mr. Schlesinger said he spoke as a hardened criminal, having just escaped from the clutches of the law. He said he should like a murderer to be made to take his victim's place.

Mr. Sharpe rose, and, in a touching speech, wished to warn the House against judging persons from their faces, saying he knew of the owner of a very pretty face whose character was not in keeping.

Mr. Killpack considered that all children were born with a tendency to pilfer.

Mr. McEvedy defended Australians from charges brought by a previous speaker, and said he would like to see murderers hung, drawn and quartered.

Mr. Digby, who had been sleeping quietly near the refreshments, at this point woke up, and seemed about to speak, but again sank into repose, murmuring something about being a Socialist.

Mr. Wall, in a maiden speech, advocated longer sentences, thinking we should always "temper mercy with justice."

Mr. Andrews pointed out the lack of agreement among the supporters of the motion.

Mr. O'Callaghan and Mr. Price then replied, and Dr. Savage summed up.

On the motion being put to the House, there voted 22 against and 11 for the motion.

A hearty vote of thanks to Dr. Savage concluded the proceedings and the House adjourned.

FURTHER FIXTURES.

November 9th.—"That in the opinion of this House the present state of the Stage is a disgrace to the Country." Proposer, H. O. Brookhouse; Seconder, M. Scott. Opposer, F. H. Fuller; Seconder, W. E. Levinson.

December 7th.—"That in the opinion of this House Great Britain should declare war on Germany without delay." Proposer, G. F. Stebbing; Seconder, H. A. Sanford. Opposer, K. H. Digby; Seconder, M. C. Wall.

January 18th.—"That this House approves of the principle of one man one vote." Proposer, R. Evans; Seconder, C. D. Killpack. Opposer, F. Cook; Seconder, P. S. Price.

February 15th.—Ladies' Night.—"That in the opinion of this House politeness pays." Proposer, C. H. Rippmann; Seconder, M. E. Ball. Opposer, A. W. Ewing; Seconder, G. W. Dryland.

March 14th.—"That in the opinion of this House the Surgeon is of more use to the community than the Physician." Proposer, A. N. Leeming; Seconder, E. I. M. Lobb. Opposer, E. P. Minett; Seconder, W. H. Talfourd Jones.

Guy's Physiological Society.

The Annual General Meeting of the above Society was held on October 7th. The following gentlemen were elected officers for the present session. President; Dr. Pembrey. Vice-Presidents: Dr. Beddard, Dr. Hertz, Mr. Cameron, Mr. Laidlaw, Mr. Mollison, Mr. Ryffel, Mr. Thompson, Hon. Sec. and Treasurer: F. Cook. Committee: H. W. Doll, W. L. Hibbert, C. D. Killpack, R. A. Rankine, E. G. Schlesinger. It was announced that Dr. Pembrey's prize for the best paper read during the last session had been awarded to Mr. T. D. M. Stout, whose paper on the "Decline of the Birth Rate," appeared in the Gazette of April 20th.

F. C.

Four Lectures on the Significance of Variations in the Constituents of the Urine.

Delivered in the Physiological Theatre, Guy's Hospital, by F. G. Hopkins, M.A., M.B., D.Sc., F.R.S.

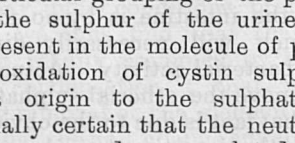
Lecture IV.

Gentlemen,—I propose next to say something concerning the sulphur compounds of the urine.

You are familiar with the fact that, in addition to ordinary inorganic sulphates, the urine contains etherial sulphates of the type :—

in which some organic radicle (R) has replaced hydroxyl hydrogen in the sulphuric acid excreted. Furthermore, as you are aware, a certain small proportion of the urinary sulphur appears in less fully oxidised compounds, constituting the "neutral" sulphur of German writers. Of sulphuric acid in the form of ordinary sulphates we excrete something like 3 grammes a day, and about one-tenth of that amount comes out as conjugated or etherial sulphates. Of neutral sulphur about 0.2 grammes (calculated as SO_3) is the daily output.

As regards the primary origin of urinary sulphur, there is no difficulty at all. We know that protein contains 1 per cent. to 1½ per cent. of sulphur, and the whole of that is excreted in one of the three forms above mentioned. Recent studies have, moreover, made it clear as to what particular grouping of the proteid gives origin to the sulphur of the urine. A cystin group is present in the molecule of protein, and it is the oxidation of cystin sulphur atoms that gives origin to the sulphates. It is almost equally certain that the neutral sulphur compounds excreted are related to cystin. Cystin has been shown to have the constitution represented by the formula :—



Many observers have found that, on giving cystin by the mouth, practically the whole of its sulphur is normally excreted as sulphates.

We have, therefore, complete evidence concerning the origin of the sulphates. We know that the cystin grouping exists in proteids; we know that when cystin is given as such by the mouth its sulphur is, normally, completely oxidised. This being so, one would expect the excretion of sulphates to run parallel with the excretion of nitrogen. Roughly speaking, you do find that, taken day by day, the total sulphates are almost as good a measure of proteid breakdown as is the nitrogen itself. But there is an interesting aspect of the relation between sulphur excretion and nitrogen excretion which is worth remembering. Long ago it was observed that exercise produces an undoubted increase in the excretion of sulphates, even when it does not produce increased excretion of nitrogen. The increase is not necessarily large, but it is very definite and constant. Recently several workers have been discovering a certain dissociation between the sulphur and nitrogen excretion on somewhat different lines. Supposing you keep a man on a constant diet, and then, on a given experimental day, you greatly increase his proteins to a known amount. If you then follow the excretion of nitrogen and sulphur, you find that the man does not get into nitrogenous equilibrium at once. Supposing the extra dose of proteid is big, it may take three or four days for its nitrogen wholly to leave the body. What these recent observers agree in finding is, that the sulphur is more rapidly excreted, and precedes the last lagging part of the proteid nitrogen. Not only this evidence, but some other, which I need not go into, tends to show the extremely quick treatment which this particular part of the proteid molecule meets with.

All this is true only of that large proportion of the total sulphur which is excreted as sulphates. The neutral sulphur goes rather into that class of excretives to which creatinin belongs, since the amount of it produced is more or less independent of even large variations in the total amount of metabolism which may be going on. You may largely increase or decrease the protein eaten, and so correspondingly increase or decrease the sulphates, but the neutral sulphur remains close to its stable value of about 0·2 grammes a day. It thus represents an endogenous product or products, taking origin along some specialised line of metabolism. It does not arise from protein during its consumption as mere fuel, but probably takes origin from the cystin groupings of protein after they have first been moulded to some special purpose in the body.

We have even some hint in this particular case as to what the special line of metabolism may be. Cystin is chemically closely related to

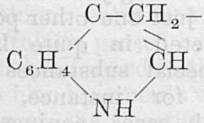
taurin, and we can have hardly a doubt that it is from the cystin of protein that the liver obtains its supply of taurin for the manufacture of taurocholic acid. If, indeed, you give cystin by the mouth, it is difficult to show any increase of taurocholic acid. It seems that the liver's power to produce cholalic acid to combine with taurin is very limited, and the normal supply of the latter is sufficient to combine with all the cholalic acid available. But if while administering cystin you give also cholalic acid, the liver takes advantage of the supply and a considerable increase of taurocholic acid occurs in the bile. Such a relationship as this indicates at once that the cystin has some function in the body which no other amino-acid from protein can supply. While, therefore, the greater part of the cystin present in our diet loses its sulphur at the earliest stages of metabolism, enough must be kept intact for the service of this special purpose. It is at least probable that the continuous excretion of a certain proportion of the so-called neutral sulphur represents the completion of this line of metabolism; this particular portion of the urinary sulphur being derived from cystin which has passed through the form of taurin, an end-product of unknown constitution being finally excreted. I must, however, avoid the suggestion that the whole of the neutral sulphur has this origin.

As to the etherial sulphates, you know that the radicles which are linked up with sulphuric acid to form these conjugates are almost always aromatic substances derived from protein breakdown.

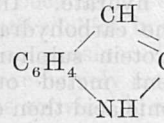
The intact aromatic amino-acids—tyrosin, tryptophane, and the like—which arise directly from the hydrolysis of protein, when absorbed unaltered through the intestinal wall, are, however, completely broken down in metabolism. The amount of them which is absorbed does not affect the amount of etherial sulphate excreted. Evidence all goes to show that it is only when there is preliminary bacterial change in the gut, so that the amino-acid from the proteid is altered and is no longer physiological to the animal, that this special method of treating them occurs. Tyrosin, for instance, after it is liberated by the digestive ferments, may, under the influence of bacteria in the bowel, yield phenol, and phenol itself is not a substance which has just that balance in its molecule which allows the ordinary processes of metabolism to break it down completely. The benzene ring is in that form stable. This illustrates a really very interesting aspect of internal metabolism. You give tyrosin, and in spite of its containing a ring, the whole molecule is oxidised. The bacteria only remove a side chain, and yet the ring can no longer be broken down. The whole aspect of its structure is necessary to make a substance physiological; change it a little and it no longer fits the mechanism. Phenol, then, is derived from tyrosin (or from phenyl-alanine) by the action of bacteria in the bowel. As soon as it is formed and absorbed, what happens to it in the body is, that it is linked up to form phenyl sulphuric acid. Phenol is a type of several bodies which may be derived from tyrosin. Sometimes a process of further oxidation goes on before excretion, and other oxy-benzene derivations are excreted as etherial sulphates.

Of another substance—indol—which is dealt with in the same way, I will say something immediately. Let me first raise the general question: are we to take—as has so often been done—the amount of ethereal sulphates or the relation which they bear to the total sulphate, as a measure of the amount of bacterial action in the intestines? Folin found that when a man is put on to a very low diet, although the ordinary mineral sulphates are greatly reduced, proportionately to lowering of the proteid, yet, like neutral sulphur, the ethereal sulphates are much more stable. Folin argues that it would be wrong, under those circumstances, to look upon he amount of etherial sulphates as a measures of bacterial action, and suggests that the radicles which are conjugated up with sulphuric acid may, in part, arise from actual internal metabolism. It is not very clear why we should accept that view. Reducing the amount of proteid in the intestine is by no means a procedure which will necessarily diminish the amount of bacterial activity. Actual starvation does not remove the etherial sulphates from the urine, but that fact is due to the obvious circumstance that the intestine has always got, in its own secretions, nitrogenous pabulum enough for a certain amount of bacterial growth. During digestion and absorption in the gut, the conditions are not such as to make bacterial activity proportional to the proteid eaten. As a consequence, I do not think the fact that the substances which are excreted as etherial sulphates are more stable in various conditions of diet than the total sulphur is any reason why we should believe that they arise from tissue metabolism. In any case, whether, when we estimate the total quantity of etherial sulphates, we get an indication of bacterial action in the intestine or not, it seems sure

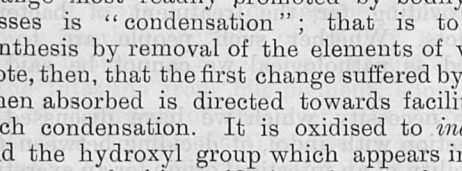
that the total *indoxyl* excreted is a measure of such activity, because we have direct evidence that this does not arise in internal metabolism. Urinary "indican" has long been known to be indoxyl-sulphuric acid. But only during recent years have we obtained knowledge of its actual origin. We now know that the indoxyl arises from the tryptophane group of the protein molecule. The constitution of tryptophane has recently been definitely proved, by synthetic methods, to be *indol-alpha-amino-propionic* acid :



Its relation to indol,



is therefore clear. The long side chain which distinguishes tryptophane is easily frittered away by the activities of certain bacteria—the bacillus coli communis, for instance—and indol results. This conversion undoubtedly occurs to a greater or less degree in the intestine after the liberation of tryptophane in the pancreatic digestion of proteid. Now indol is a substance possessed of some considerable degree of toxicity, and the linkage of its molecule with sulphuric acid is, in one aspect at least, a self-protective effort on the part of the body. Note one interesting point here. Of the chemical weapons possessed by the tissues, hydrolytic ferments are among the most prominent and most generally available. But we know that an agent which evokes hydrolysis may, under conditions, promote dehydrolsis, and we thus find that the synthetic change most readily promoted by bodily processes is "condensation"; that is to say, synthesis by removal of the elements of water. Note, then, that the first change suffered by indol when absorbed is directed towards facilitating such condensation. It is oxidised to *indoxyl*, and the hydroxyl group which appears in consequence of this oxidation forms the *point d'appui* for the dehydrolytic agent which leads to the formation of indoxyl-sulphuric acid or urinary indican.



Indoxyl Sulphuric Acid

To return, however, to the question: Does the amount of indican excreted give a measure of the activity of bacteria in the bowel, or may the matter be complicated by the production of indol or indoxyl from tryptophane in the tissues themselves? The qualitative demonstration of urinary indican is simple, for it is only necessary to add an oxidising agent under the right conditions to get from it a yield of indigo blue. For years the test had been applied in the hospital wards and elsewhere; but to-day, fortunately, we know how to make the process quantitative. Now Ellinger has shown (and I have myself repeated his observations) that quite large quantities of free tryptophan may be given by the mouth without causing any increase whatever in the urinary indican. It is rapidly absorbed in the upper part of the alimentary tract, and so escapes the action of bacteria. Once submitted, intact, to the processes of metabolism, it is, in the case of most animals, completely broken down and leaves no residual indol. (In the dog a portion of it may appear as Kynurenic acid.) On the other hand, if preformed indol be given by the mouth, or if tryptophane be so administered—*e.g.*, by injection into the large intestine of the rabbit—that bacteria can act upon it before absorption, then the urinary indican is at once increased. There is little doubt, then, that this excretive does measure the degree of bacterial activity in the bowel, and, now that we can determine it quantitatively, its study may prove of more value, clinically, than has hitherto been the case.

It will be a departure from the immediate subject of these lectures, smaller than may at first appear, if we stop to inquire here whether, after all, the conjugation of substances like indoxyl really occurs, as suggested by the above scheme, with sulphates already preformed in metabolism, or whether the primary linkage does not occur with some more complex sulphur group, which is only subsequently oxidised to yield the etherial sulphate. As an analogy to illustrate what I mean, you may recall the evidence, mentioned in a previous lecture, which shows that benzoic acid may condense not only with glycin, but with the larger molecule of leucin, and yet be excreted as hippuric acid. The leucin molecule is in this case oxidised to glycin after its conjugation with the benzoic acid. There is some evidence to suggest that in the case now under consideration oxidation occurs after a synthesis. If sulphates are themselves susceptible of easy linkage with phenol, indoxyl, etc., we should expect to find them act more or less as antidotes to the toxic

effects of these substances, or at least, that their simultaneous administration would diminish the effects of a given dosage. This is not found to be the case, though sulphites have some such protective power, and lead, by oxidation, to an increase in etherial sulphate formation when phenol, for instance, is being simultaneously administered. But it is extremely likely that giving cystin would be found to have a much more potent influence, and we have as a matter of fact the suggestive evidence that if, instead of oxybenzene (phenol), brombenzene is absorbed, a conjugate with a cystin complex is actually excreted.

Another set of facts bears on this matter. You know that occasionally, and especially when the amount of phenol and indoxyl absorbed is large, there are excreted not only the etherial sulphates of these bodies, but their conjugate compounds with *glycuronic acid*, This acid has the constitution CHO $(CHOH)_4$ COOH. It is a derivative of dextrose CHO $(CHOH)_4$ CH_2OH, in which the alcohol group $-CH_2OH$ has become oxidised. Now, in minute quantities, glycuronic acid itself has been found in the blood. But, as E. Fischer has pointed out, we should never expect more than traces of it to occur, because any prominent intermediate product in the process of dextrose oxidation would be one in which the terminal aldehyde ($-CHO$) group is oxidised rather than the $-CH_2OH$ group, the former being so much the more susceptible to change. Now, in the compound of indoxyl with glycuronic acid the linkage involves the aldehyde group of the latter, and the facts therefore again suggest that the conjugation occurs, not with the acid when already formed, but with sugar, or some complex yielding sugar. The aldehyde group being protected, it is easy to understand why oxidation proceeds at the other end of the chain.

I have bothered you with a few facts of the kind just noticed to indicate again that there is a significance to be attached to substances which occur in the urine after the administration of material foreign to metabolism. The foreign substances bring out for our inspection intermediate products otherwise evanescent, or show us what reactive capacities are possessed by the tissues. We have already a good deal of information won on such lines, but there is yet much room for experiment in the way of administering substances of every diverse chemical type. We shall probably find that there is an unexpected diversity of substances available for conjugation, and we shall thus probe further into the possibilities of metabolism.

In such anomalies of metabolism as cystinuria or alkaptonuria we have experiments ready made for us, and much is to be learned from them. Although the former of these conditions is germane to the present lecture, I find I must not stop to deal with it. If, however, you come across literature which is concerned with such cases, do not neglect it. To the doctor they may be mere curiosities; to the physiologist they are of the greatest interest.

Before leaving altogether the question of conjugate sulphuric acid and glycuronic acid compounds, let me make just one other point. Glycuronic acid is excreted in quite large amounts when certain special substances are administered — camphor, for instance, and chloral hydrate. In such cases, conjugation with the carbohydrate derivative, rather than with protein sulphur, seems to be the normal treatment meted out in the body, and the glycuronic acid then excreted, owing to the fact that it reduces Fehling's solution, has often been mistaken for sugar.

But where the commoner bacterial products—phenol and indoxyl—are concerned, the amount conjugated with glycuronic acid is nearly always small. It would seem, however, that we are not to believe that the body only falls back upon glycuronic acid when the amount of sulphate available is exhausted. For a given amount of bacterial products absorbed, how much will come out as etherial sulphate, and how much as glycuronic compounds depends rather on such factors as the relative activity of protein and carbohydrate metabolism during the particular period of observation, and also upon those interesting individualities in metabolism to which I have so often referred. Some individuals, indeed, excrete glycuronic acid in amount which can hardly be due to the necessity of providing for the treatment of bacterial products. Whether such people are to be classed as pathological we cannot be said to know.

The necessity. which we have discussed in connection with indol, of deciding between the possibility of an intestinal origin for an excretion and an origin in the tissues themselves, is further illustrated in the case of certain *urinary pigments*.

With these, however, I must deal very briefly, and only in connection with the point just mentioned. *Urobilin* is a pigment which, as you are aware, takes but an infinitesimal share in the coloration of normal urine. Since, however, it is easily recognized by its characteristic spectrum and otherwise, and since it shows

marked increase in certain pathological conditions, it has received much attention. Urobilin is undoubtedly derived from bile pigment, and therefore from hæmoglobin. Maly showed us long ago that when bile is reduced by nascent hydrogen, something very like urobilin is produced. But this "hydrobilirubin" is not identical with the urinary pigment. Urobilin contains much less nitrogen. The bacteria of the intestine can, however, convert bile pigment into typical urobilin, and as a result of their activity the latter becomes a prominent substance in the fæces. Is, now, the urobilin passed by the kidney wholly derived from that formed in the bowel, or is it produced from blood pigments within the body? I bother you with the question only because it well and further illustrates an alternative which in studies of the urine must often be considered. The evidence in favour of an exclusively intestinal origin for urinary urobilin is convincing enough, though there is one difficulty in connection with it which calls for explanation.

In the first place, when a biliary fistula is established, so that no bile enters the intestine, all urobilin disappears from the urine; while if to a patient with biliary fistula bile pigment be given by the mouth, or if the occasion rises for closing the fistula, then, immediately, the urinary excretion of urobilin is re-established.

Again, any treatment which diminishes bacterial activity in the bowel, such as the use of intestinal antiseptics, diminishes also the urobilin of the urine; while in typhoid fever, in which bile-pigment is passed unaltered from the bowel, the urine is free from urobilin. There is no doubt, therefore, that such quantities of this pigment as pass the kidney have really been absorbed from the bowel. But we have to explain the fact that it is extremely characteristic of many forms of hepatic disorder to show a marked increase of urinary urobilin. Why, if urobilin is a bacterial product derived in the intestine from bile-pigment, should all sorts of disorders of the liver (not involving blockage of the bile duct) lead to an *increase* in the urine? I must not stop to weigh the evidence concerning this matter, but will merely point out the most likely explanation. It is almost certain that the whole of the urobilin absorbed does not get excreted unaltered by the kidney. In the first place, a portion is normally returned to the gut by way of the bile; for the normal liver certainly does not manufacture urobilin, yet, so long as the intestine contains bile pigment and bacteria, the bile excreted contains urobilin. There is with this pigment, as with bile-salts, a kind of circulation from gut to liver and back again. In some forms of liver trouble the mechanism of this circulation may be interfered with, and consequently more urobilin has to be removed from the blood by the kidney. In the second place, as Dr. A. E. Garrod and Professor Riva have shown us, it is almost certain that urobilin can be converted into urochrome, the predominating yellow pigment of the urine, and there is a strong probability that part of the absorbed urobilin is so converted by hepatic influence. Interference with liver functions would, therefore, on these lines, also lead to the excretion of more unaltered urobilin by the kidney.

In fever, urobilin is also increased, and in this, as well as in derangements of the liver, the increase is associated with increase of other urinary pigments. But after internal hæmorrhages there may be pure urobilinuria. The pigment then gives a highly characteristic appearance to the urine. Even in this case, however, the phenomenon is not due to direct production from blood pigment in the tissues. Rather is it due to an increased supply of bile pigment entering the intestine, a familiar effect of hæmolysis. Of *urochrome*, the main normal urinary colouring matter, we know astonishingly little, but we have good reason to believe, as the result of Dr. Garrod's work, that it is related to urobilin, and therefore to bile- and blood-pigment. But whatever may be the seat and mechanism of its formation, its appearance does not depend upon events in the gut. It is excreted in scarcely altered amount when the bile is diverted from the intestine. Three of the excretives just dealt with show therefore an interesting contrast. Urinary indoxyl is wholly exogenous, for it is produced entirely by bacteria acting on the food. Urobilin is, primarily, endogenous, for it originates from blood pigment; but, secondarily, exogenous, since it arises in the gut. Urochrome is, it would seem, entirely endogenous.

I have no time, as you see, to discuss any other of the multitudinous urinary constituents which yet remain for consideration. I fear that the material put before you in this short course may not have been quite what you were led to expect. Perhaps I was expected to cover a much wider field, and give some practical—if brief and empirical—estimate of the significance of each of the more important renal excretions.

It seemed, however, to be on the whole more profitable to discuss at length a few special cases which might illustrate the present condition of our knowledge, and indicate the nature

of the problems which present themselves at the moment. I cannot be said to have exaggerated the importance of our present knowledge, and I have not made light of the problems. It has been, indeed, my special purpose to point out that analytical studies of the urine, when isolated from other lines of inquiry, can only throw a dim light on metabolism. But I should be very sorry if, in indicating this, I were to leave you with the impression that empirical data got from analyses of the urine were actually of small value. Estimations of urinary sugar in diabetes tell us nothing whatever about the seat or the nature of the error in metabolism, but there is no need to say that such estimations have been of the utmost practical importance. Moreover analyses of the urine must always be predominant in the study of metabolism, only such analyses must not be mere uncontrolled observations; they must be a part of genuine experiments, in which conditions are controlled and varied.

Let me add a word in conclusion, lest you should have found my reserves and hesitations too depressing. In my belief, the study of the urine, though it has occupied the medical mind in some sort of way for ages, and though during the scientific era it has given origin to an enormous literature, yet, like other departments of chemical physiology and pathology, it is only now getting a real opportunity for showing its worth. That progress of a real sort has been made quite recently is instanced by the recognition of the distinction between the endogenous and exogenous metabolite—a simple matter enough, as it seems, but essentially new, and of the utmost importance. For the future, we shall not go on accumulating urinary data got without reference to diet, and therefore valueless. Our laboratory conscience, too, has been so much awakened, perhaps by the somewhat recent intrusion into our ranks, and the good example of the genuine chemist, that we shall, for the future, scorn the inferior methods which sometimes contented us. It is to be hoped that the clinician will recognise—he is, indeed, making his first cautious steps towards that recognition—that if help is to come from examinations of the urine the clinical laboratory, as well as the physiological, must be well-manned and well-equipped.

Books Received.—Parkes' and Kenwood's Hygiene; Treves' and Keith's Applied Anatomy; Morris and Dore's Light and X-Ray Treatment of Skin Diseases; Journal of the Royal Army Medical Corps; The Glasgow Medical Journal; Dental Cosmos; Schmidt's Jahrbücher der gesammten Medicin.

In Lighter Vein.

It's not nearly so hard to be funny as one might imagine, especially at the beginning of a session. When you don't know people very well, you laugh, whatever they say. If you step forward and make a casual remark about the draught in the colonnade, or the temperature of boiled salt and water, everybody will roar. After all, it is not the things that happen that we laugh about so much as their associations. Why do we laugh when our best friend slips into a gutter-full of mud? Isn't it the expression of his face that amuses us? Every time. What makes us smile when a hot and perspiring old gentleman rushes into the station in the morning? It is only our knowledge that his train has gone two minutes ago. If things such as these amuse us, anything will. Sometimes, of course, loud laughter only signifies "counterfeited glee." If a magistrate trots out an elderly, decrepit, one-horse old wheeze that used to make Noah chuckle, a wise prisoner will generally think to save a couple of days or shillings by appearing to collapse with delight. And who would not waste a minute or two by a strained effort to gurgle with enjoyment if a grey-haired old examiner remarked that bones were dry?

But anybody can be funny if they try. *Policeman Peter*, we are told, was of a "waggish turn of mind," and derived great pleasure from telling country bumpkins that the time of day was a quarter past thirteen. Scotchmen can be funny. And so it should not be difficult to fill two columns [one column.—Ed.] with very frolicsome material.

We might start on Limericks, but perhaps they are rather played out, and, besides, none of the staff's names rhyme with "Guy's."

Here, we have it, a bridge problem. A and B are partners against X and Y. A is a very keen bridge player, B would "rather like to try." The score is, X and Y five rubbers, A and B nil. B holding the eleven best spades, the ace of clubs and the ace of diamonds, and knowing chicane counts 16, thinks he will go hearts. What does A think?

Perhaps this is rather too much, however. There is a lot of fun to be got out of——

[I said one column.—Ed.]

SCARE CROW.

Past and Present.

The Inaugural Address of the Guy's Hospital Physical Society, delivered October 4th, 1907, by G. A. Gibson, M.D., Sc.D. Edin., LL.D. St. Andrews.

Gentlemen,—Among the many reasons which led me, very gladly, to accept your cordial invitation to be present this evening, three stand out most prominently. In the first place, the general sympathy which exists amongst men who have the same aims in common naturally leads each of us to rejoice in meeting with his fellows. Within the realm of science, in which medicine plays so important a part, there ought to be no narrow jealousies. When one school flourishes, it offers an incentive to others to strive to emulate it in generous rivalry. In a word, the solidarity of modern science necessarily brings with it a spirit of comradeship throughout the civilized world.

In the next place, it is historically interesting to observe that the foundation of Guy's Hospital, in London, and the Royal Infirmary, in Edinburgh, took their origin in the same epoch. The will of Thomas Guy was signed September 4th, 1721, and was proved on January 4th, 1725. Guy's funeral took place three days later, but even before his obsequies were conducted the hospital had been opened, and, as we learn from the interesting "History" of Sir Samuel Wilks and Mr. Bettany, sixty patients were in residence at that time.[1] In the same year, the Royal College of Physicians of Edinburgh, according to Sir Thomas Grainger Stewart,[2] made a proposal that a hospital should be erected for the benefit of the sick poor and the furtherance of medical studies, and initiated a public subscription with this aim in view. Four years later a "small hired house" was opened for the reception of six patients, very near the spot where the tragedy of Kirk o' Fields was enacted. From such small beginnings the Edinburgh Royal Infirmary took its origin. It obtained a Royal Charter in 1736, the foundation stone was laid in 1738, and the old building, which was left twenty-eight years ago, was opened for the reception of patients in 1741. Our hospitals, therefore, date from the same period, and have the same length of tradition to look upon. Will you allow me, in this connection, to mention how frequently the friends of Guy's Hospital have had to mourn over the premature losses which it has sustained. Babbington and Fagge died long before the natural term of office had expired; while Bird, Mahomed, Carrington, and Washbourn were cut off while still assistant physicians, and King and Hodgkin did not even attain that position. Modern medicine has lost much through these unfortunate and lamented disasters.

And, in the last place, above and beyond these reasons for a brotherly feeling, there exists between the southern and northern schools the strong tie formed by personal attachments. Throughout the last two centuries many distinguished graduates of Edinburgh continued their studies afterwards at Guy's, while, on the other hand, many of the most brilliant Guy's men came north to Edinburgh to study and graduate there. Time would fail me in any attempt to recite a list of such interchanges, but you will, perhaps, permit me to refer to two of the most distinguished ornaments of Guy's Hospital—in fact, two of the most renowned physicians who have ever adorned the annals of English medicine—I mean Bright and Addison. Both these great men studied in Edinburgh, where they had brilliant undergraduate careers, and both of them shed the lustre of their genius upon the debates of the Royal Medical Society. When the Society, a few years ago, published a series of "Dissertations by Eminent Members of the Royal Medical Society," that of Richard Bright on Gangrene[3] was gladly included in the volume. In the Preface, which was written by the late Sir Douglas Maclagan, the statement occurs:[4]—"It is to be noted, however, that there are several names, and some of them among the most illustrious, of whom there are no dissertations extant. Of these may be mentioned William Cullen, one of the founders of the Society Joseph Black, Haller, the Monros, Oliver Goldsmith, Mark Akenside, Mungo Park, Sir Charles Hastings, Thomas Addison, and Charles Darwin." Sincere regret has been expressed on all hands in the Edinburgh School for the absence of any trace of Addison's dissertation. For these various reasons it has afforded me more than usual gratification to stand in this place this evening, and the pleasure is enhanced by the presence of Sir Samuel Wilks in the chair, in whose person there is a bond between Guy's and Edinburgh, seeing that he is an honorary graduate of my own University.

It did not occur to me, in suggesting the title which has been used for this address, that it savoured of imitation, inasmuch as it is that borne by Carlyle's most charming work, until it was too late to effect an alteration. Before plunging into the subject-matter, let me express the hope that you will absolve me from any attempt at competition with my great countryman, the "Seer of Chelsea." The current of thought, in truth, leading to the use of such a title, was very largely directed by pondering over the great obligations to Guy's Hospital under which modern medicine lies. It would not become me—it would, in fact, be beyond my powers—to say anything with regard to surgery, obstetrics, or any special province of the medical sciences; but, confining our attention solely to internal medicine, we owe much to the physicians of this hospital. Here let me observe how much we gain by keeping ourselves acquainted with the labours of the past. It is interesting indeed to survey the methods by which advances in knowledge are gained. At one time the laborious efforts of many bring about the acquisition of new facts. At another, the brilliant generalisation of one throws a flood of light upon a

1 A Biographical History of Guy's Hospital, London, 1892, p. 73, and p. 75.

2 Edinburgh Hospital Reports, 1893, vol. i., p. 1.

3 Dissertations by Eminent Members of the Royal Medical Society. Edinburgh, 1892, p. 64.

4 Ibid., p. vii.

subject. It must be encouraging to all of us to observe in the origin, even of the most wonderful discoveries or transcendent speculations, how a small germ may be dimly discerned which in time shows the most remarkable growth. Nowhere, perhaps, does this strike one so forcibly as in observing the development of Charles Darwin. In the Journal of the Voyage of the "Beagle," written in his early years, when speaking of a certain snake, Darwin says[3]—"Cuvier, in opposition to some other naturalists, makes this a sub-genus of the rattle-snake, and intermediate between it and the viper. In confirmation of this opinion, I observed a fact, which appears to me very curious and instructive, as showing how every character, even though it may be in some degree independent of structure, has a tendency to vary by slow degrees. The extremity of the tail of this snake is terminated by a point, which is very slightly enlarged; and as the animal glided along, it constantly vibrated the last inch; and this part striking against the dry grass and brushwood, produced a rattling noise, which could be distinctly heard at the distance of six feet. As often as the animal was irritated or surprised, its tail was shaken, and the vibrations were extremely rapid. Even as long as the body retained its irritability, a tendency to this habitual movement was evident. This Trigonocephalus has, therefore, in some respects, the structure of Vipera, with the habits of a Crotalus, the noise, however, being produced by a similar device." Here we have the earliest intimation of one of the most important pieces of evidence which led the genius of Darwin to those theories embodied in his immortal works. Truly the teaching of scientific history should lead us to dwell much on the labours of those who have gone before us, to ponder over the lessons which they have taught us, and to do the work of the present in the light of the past. In a busy age we are undoubtedly prone to make light of the results of former times. In this connection you will perhaps allow me to recall to you the burning words of Ruskin upon a somewhat analogous subject[4]:—

"There is a curious type of us given in one of the lovely neglected works of the last of our great painters It is a drawing of Kirby Lonsdale churchyard, and of its brook, and valley, and hills, and folded morning sky beyond. And unmindful alike of these, and of the dead who have left these for other valleys and for other skies, a group of schoolboys have piled their little books upon a grave, to strike them off with stones. So, also, we play with the words of the dead that would teach us, and strike them far from us with our bitter, reckless will, little thinking that those leaves which the wind scatters had been piled not only upon a gravestone, but upon the seal of an enchanted vault—nay, the gate of a great city of sleeping kings, who would awake for us, if we knew but how to call them by their names. How often, even if we lift the marble entrance gate, do we but wander among those old kings in their repose, and finger the robes they lie in, and stir the crowns on their foreheads; and still they are silent to us, and seem but a dusty imagery; because we know not the incantation of the heart that would wake them—which, if they once heard, they would start up to meet us in their power of long ago, narrowly to look upon us, and consider us; and, as the fallen kings of Hades meet the newly-fallen, saying, 'Art thou also become weak as we—art thou also become one of us?' so would these kings, with their undimmed, unshaken diadems, meet us, saying, 'Art thou also become pure and mighty of heart as we? Art thou also become one of us?'"

Here the *genus loci* almost inevitably leads me to think specially of some of the advances which we owe, in the first place, entirely to Guy's Hospital, and you will undoubtedly extend your indulgence to me for a few minutes in an attempt to estimate the importance of Addison's discovery, and the recent developments to which it has led. No better illustration could be obtained of my theme. It is obvious that Addison was in no hurry to bring forward his discovery. After long observation and full reflection, he brought his views before the South London Medical Society in 1849.[5] His observations speedily bore fruit, and it will be of interest to submit to you a piece of unrecorded contemporary biography. A few years ago Sir William Turner, Principal of our University, came to my wards in the Royal Infirmary, in order to see a beautiful case of acromegaly then under my care. The consideration of the subject led us to speak of the discovery of certain affections, and he mentioned that, when he was a clinical clerk in the medical wards of St. Bartholomew's Hospital, Sir George Burrows brought before his clinique the discovery recently made by Addison. Sir William informed me that he thought the date was in the end of 1853 or early in 1854. When thinking over the subject of this address, it occurred to me that it would be well to be on certain ground in this respect, and accordingly the Principal was good enough to have a talk with me upon the subject. The result of this conference may best be embodied in the following letter:—

5, Eton Terrace,
Edinburgh.

My Dear Gibson, 12th Sept., 1907.

Since our conversation yesterday I have examined the notes which I took when Clinical Clerk to Sir George Burrows, and I find in them a detailed account of the case of suprarenal disease.

Patient, a man, æt. 26, was admitted into John Ward, April 7th, 1854. I need not give you the notes, but the skin colouration was distinctive. He was ill-nourished, and had led a vagrant life. He had, two years previously, had an abscess over the fifth lumbar vertebra, which discharged for nearly four months. He stated that he had been gradually wasting before admission, and he collapsed and died eight days afterwards. The *post-mortem* examination showed tubercular

3 Journal of Researches into the Geology and Natural History of the various Countries visited by H.M.S. "Beagle," London, 1839, p. 114.

4 Sesame and Lilies, London, 1865, p. .

5 Lond. Med. Gaz., New Series, 1849, Vol. viii., p. 517.

disease of both suprarenal bodies, and the right contained purulent-looking fluid, apparently disintegrated tubercle. The case fixes the date of Sir George Burrows' remarks to his clerks.

Very truly yours,
WM. TURNER.

Let me remark in parenthesis how valuable a habit that of keeping notes is.

Addison's discovery was fully published in 1855.[6] It contained a description of eleven cases, and was accompanied by eleven plates, and was so thorough that very little was left from the clinical point of view for subsequent observers. The cutaneous, circulatory and alimentary symptoms, together with the profound asthenia, were most fully described. There can be no doubt, as Rolleston says,[7] that the general recognition of the disease is very largely, if not entirely, due to the loyal efforts of Sir Samuel Wilks. Undoubtedly Addison was of opinion that any morbid lesion of the suprarenal glands might produce the characteristic symptoms of the disease, and that its features resulted not so much from the nature of the pathological process as from the disturbance of the particular function of the capsules. It appears probable, nevertheless, that Addison was inclined to modify some of his views as to the multiplicity of causes of the affection. In the Prefatory Remarks by Wilks and Daldy to the New Sydenham Society's Collection of Addison's Works, the following remarks occur:—"There is another important point to which the attention of the reader should be attracted, that in transcribing, as we are bound to do, all the pages of Addison's Treatise, we necessarily include some paragraphs which the author, had a more extended observation been accorded to him, would have been the first to expunge, under the belief that he was supplying an impulse to the further investigation of the disease. Addison unfortunately inserted some paragraphs implying that, if the suprarenal organs were involved in cancer or tubercle, symptoms corresponding to those which he had described would result. All subsequent experience has shown that on this point he was unquestionably in error."[8] Sir Samuel Wilks[9] and Greenhow[10] believed that all real cases of Addison's disease are produced by fibro-caseous changes in the suprarenal glands. It is necessary to mention, before going further, that the changes in the suprarenal bodies recorded by these authors as a primary inflammation and ending in the fibro-caseous change sometimes terminating in an atrophic condition, are now universally regarded as tuberculous. Habershon,[11] while a member of this school, was the first to show that inflammation beginning in the suprarenal bodies may extend to the semi-lunar ganglia and embrace them in fibrous tissue, and Greenhow[12] elaborated two distinct phases in the development of the process. But changes in the semi-lunar ganglia and their nervous connections must still be regarded as extremely doubtful, and the important observations of Hale White[13] have taught us how variable are the appearances presented by these structures, even in conditions which would be regarded as healthy. It must be admitted that, in addition to tuberculous disease of the suprarenal bodies, other changes in these organs produce symptoms closely similar to, if not identical with, Addison's disease. Chronic interstitial changes leading to atrophy, and comparable to atrophic cirrhosis of the liver, were shown by Hadden.[14] Hæmorrhages into the suprarenal bodies have been found with symptoms of Addison's disease by Carrington[15] and others. Simple atrophy, without any increased fibrous tissue or fibrous adhesions, has been described by Spender[16] and Goodhart.[17] It must be added that undoubtedly the complete clinical picture of Addison's disease has been found associated with malignant changes in the suprarenal capsules. In Rolleston's Goulstonian Lectures[18] the following summary regarding the conditions of the suprarenal bodies is given: "To summarise the conditions of the suprarenal bodies recorded in Addison's disease, there are the following:—

1. The fibro-caseous lesion due to tuberculosis, far the commonest condition found.
2. Simple atrophy.
3. Chronic interstitial inflammation leading to atrophy.
4. Malignant disease invading the capsules, including Addison's case of a malignant nodule compressing the suprarenal vein.
5. Blood extravasated into the suprarenal bodies.
6. No lesion of the suprarenal bodies themselves, but pressure or inflammation involving the semi-lunar ganglia.

The first is the only common cause of Addison's disease; the others, with the exception of simple atrophy, may be considered as very rare."

Undoubtedly many of the symptoms of Addison's disease may be found without any distinctive lesion in the suprarenal bodies, as in a case recorded by Conder from my own wards,[19] while, on the other hand, alterations of different kinds have been described in the suprarenal bodies without any resulting clinical symptoms. There can be no doubt that our conceptions of Addison's disease are passing through a period of transition. In the modern literature of the affection there are many cases described in which the diagnosis of the disease has been attained in the total absence of pigmentation. A recent paper

6 "On the Constitutional and Local Effects of Disease of the Suprarenal Capsules." Lond., 1855. Pp. viii., 43.
7 Brit. Med. Journ., 1895, vol. i., p. 687.
8 "A Collection of the Published Writings of the late Thomas Addison, M.D. Lond., 1868, p. 2.
9 Lectures on Pathological Anatomy, Lond., 1859, p. 351.
10 "On Addison's Disease," Lond., 1886, p. 21.
11 Guy's Hospital Reports, 1864, 3rd Series, vol. x., p. 78.
12 "On Addison's Disease," Lond., 1875, p. 73.
13 Journal of Physiology, 1889, vol. x., p. 341.
14 Trans. Path. Soc., 1885, vol. xxxvi., p. 436.
15 Ibid., 1885, vol. xxxvi., p. 454.
16 Brit. Med. Journ., 1858, p. 768.
17 Trans. Path. Soc., 1882, vol. xxxii., p. 340.
18 Brit. Med. Journ., 1895, vol. i., p. 690.
19 Edin. Med. Journ., 1905, vol. xvii., p. 275.

by Stursberg[20] may be cited in proof of this statement. Cases showing general weakness and feeble circulation, along with gastric and intestinal symptoms, are, now-a-days, not infrequently found to be associated with characteristic changes in the suprarenal bodies. This leads me to the only point on which it is possible for me to add any original observations of my own. Throughout the whole literature of Addison's disease the observation has been constantly repeated that the pulse has been weak or the blood pressure low, and yet, until quite recently, very few real pressure estimations have been made. Even these have resulted in discrepant statements. Janeway,[21] in his exhaustive work, only gives two observations. One was in the case of a woman, still under observation, with the typical features of Addison's disease, who showed, by means of Hill and Barnard's instrument, a diastolic pressure of 90 mm. Hg. "The other, a man in my service at the City Hospital, was in the last stages of emaciation and asthenia, and showed at autopsy typical fibrosis and caseation of both suprarenals. A number of determinations, up to within about two weeks of his death, showed a systolic pressure of 140 mm. in one arm. In the other the radial was exceedingly small, and systolic pressure was about 100 mm." Here we have, by an observer of unimpeachable accuracy, an interesting observation showing that the pressure in this disease may sometimes be quite up to the normal. On the other hand, in two cases described by Stursberg,[22] the pressure was remarkably low, being in the one case only 70, and in the other 65, of systolic pressure. My own observations, until the last two or three years, were made with Hill & Barnard's apparatus; but, as their sphygmomanometer only yields readings which may be regarded as an approximation to diastolic pressure, they are not of much value. During the last two or three years, when various forms of mercurial manometers have been in use in my wards, opportunities of observing cases of Addison's disease have been somewhat scanty. Two cases, however, may be referred to. One is that of a Russian Jew, aged 45, at present under treatment, who was admitted with profound asthenia, deep pigmentation, and serious gastro-enteric symptoms, yielded a maximum systolic pressure of 95 mm., and a minimum diastolic pressure of 72. Another patient, who has been long under the care of my friend and colleague, Dr. Bramwell, yielded a maximum systolic pressure of 150 mm., and a minimum diastolic pressure of 96. This patient was diagnosed some eight or nine years ago as a case of chronic Addison's disease. Undoubtedly he is profoundly asthenic, and has occasionally gastro-enteric attacks, while the pigmentation of his skin varies considerably from time to time. Whether he can be regarded as a real instance of this affection must be allowed to be doubtful. My friend, Dr. J. M. Cowan, Physician to the Royal Infirmary, Glasgow, has put at my disposal some notes of an interesting case of four years' standing, with very marked general pigmentation, in which the systolic pressure is 90 mm. Further observations upon the blood pressure are urgently required.

Taking a broad general view of these facts, which manifest an undoubted variability as regards the circulatory appearances, and considering them in the light of the fluctuations of the other clinical phenomena, it seems probable that ere long it may be possible to attain to some classification of different types of this interesting affection. It must be regarded as at least possible that in cases of profound pigmentary changes in the Malpighian layer, without obvious alteration in the suprarenal bodies, there may be glandular inadequacy; the converse may be explained by the supposition that even when extensive changes are present in the glands there may be enough tissue still in possession of sufficient activity to avert the usual results.

So much from the clinical point of view. We cannot linger over the subject, and must pass on to consider certain of the pathological problems which arise in connection with the affection. The views originally advocated by Wilks[23] and Greenhow[24] are that a primary affection of the suprarenal bodies which is uniform in its nature leads to secondary changes in the neighbouring nervous structures. The changes in the nervous textures were considered to be the factors by which the various clinical appearances were brought about. These opinions have had the support of many eminent authorities, whom time forbids me to mention. The hypothesis fails to explain the cases—of which many have been recorded—in which the semi-lunar ganglia and sympathetic nerve have been found absolutely healthy. And it further does not help us in those cases in which the disease has been found to result from simple atrophy of the capsules. Such considerations lead to the rejection of the nervous theory of Addison's disease.

The hypothesis has been advanced that the suprarenal bodies remove pigmentary substances and various poisons from the blood. MacMunn[25] holds that the suprarenal bodies act in this way, and that when they are destroyed an accumulation of such waste substances takes place in the circulation; but no solid basis has ever been adduced in favour of such a view. Not only is it a fact that no pigment granules have ever been found in the blood of patients suffering from Addison's disease, but, further, no increased pigment has been discovered in the renal secretion. This has not only been shown by Dixon Mann,[26] but also by Garrod, as reported by Rolleston.[27] The same is true as regards the idea that the suprarenal bodies remove poisonous substances, or at least render them innocuous. It is undoubtedly true that the removal of the glands experimentally is followed by death, but the fact may be explained in another way

20 Münch. med. Wochschft, 1907, LIV. Band, S. 773.
21 "The Clinical Study of Blood Pressure." New York and London, 1904, p. 237.
22 Loc. cit.
23 Loc. cit.
24 Loc. cit.
25 Brit. Med. Journ., 1888, vol. 1, p. 233.
26 Lancet, 1891, vol. i., p. 764.
27 Brit. Med. Journ., 1895, vol. i., p. 745.

than that of failure of excretion. Tizzoni[28] and Nothnagel[29] found that when the suprarenal bodies were crushed and allowed to be absorbed, no signs of poisoning occurred, at any rate within a considerable period of time from the date of the experiment. Abelous[30] and Langlois found that, after the removal of the suprarenal capsules, followed by the administration of suprarenal extract, no toxæmia resulted. The former experiments prove that the organs do not contain any toxic substances which they have been supposed to remove, while the latter show distinctly that if the bodies did excrete a poison, the administration of suprarenal extract could only increase the evil effects. It must, therefore, be absolutely clear that the suprarenal bodies do not remove waste substances, whether pigmentary or toxic, from the blood.

The last theory is that Addison's disease is caused by an inadequate internal secretion of the suprarenal bodies. This view was founded on the investigations of Abelous and Langlois,[31] as well as of Oliver and Schäfer.[32] It has been found that normal suprarenal bodies yield a powerful extract which acts as a pressor agent, and it has been discovered by Schäfer and Oliver[33] that from suprarenal bodies obtained from cases of Addison's disease, no active extract can be obtained. The result of these investigations has been to render the theory that Addison's disease is due to a lack of internal secretion almost certain.

The observations which have just been quoted serve as the starting-point of a number of most interesting investigations. It has been found, for example, that the cortex does not yield adrenalin, the principle which acts on sympathetic nerve endings, and that this is furnished entirely by the cells of the medulla. This portion of the organs is, accordingly, one of the most important parts of the glandular system leading to vascular constriction. The cortical substance has apparently some association with growth and development, according to the observations of Wooley,[34] as well as of Bulloch and Sequeira.[35] Precocious development has been seen in a considerable number of cases. Undoubtedly these facts are analogous to certain of the changes associated with alterations in the anterior lobe of the pituitary body. Schäfer and Herring,[36] indeed, have shown that the anterior lobe of the pituitary body presents a remarkable resemblance in many respects to the cortex of the suprarenal gland.

It may be supposed that Addison's disease may result in part from inadequacy of the medullary portion, leading to asthenia and hypopiesis[37] by loss of adrenalin, and by failure of the cortex to maintain certain as yet unknown, but probably important, functions particularly associated with pigmentary excretion and toxine destruction. On this view there may be a most variable assemblage of symptoms, according as the one or the other portion of the suprarenal body is mainly affected.

It would be of the greatest interest to follow the recent observations which have been made upon the action of suprarenal extract and its active principle. A chronic deficiency of suprarenal activity has been described, to which Boinet[38] has given the name of Addisonism. The existence of an acute failure of suprarenal activity is undoubted, especially as seen in certain acute infections, *e.g.*, diphtheria, where the suprarenal bodies are found to be in a state of such acute changes as cloudy swelling and leucocytic infiltration. The observations of Rivière[39] and Dudgeon[40] are of great interest in regard to this matter. Mott and Haliburton[41] have shown that the amount of adrenalin may be greatly diminished by acute disease. On the other hand, it is probable that an excessive secretion takes place on the part of the suprarenal glands. A case was recently described by Vaquez and Aubertin[42] in which parenchymatous nephritis and great cardiac hypertrophy were associated with marked increase of the medulla of the suprarenal bodies, and Wiesel[43] has described some instances of granular kidney with arterial degeneration and high blood-pressure in which there was enlargement of the medulla of the suprarenal bodies. These and many other developments of our modern knowledge are most tempting matters for consideration and speculation, but time forbids me further to dwell upon them. When in the act of finishing up these remarks, the admirable address of Rolleston[44] to the Canadian Medical Association, "On Some Problems in Connection with the Suprarenals," made its appearance. It deals very fully and most ably with many of the more recent facts which have been briefly referred to.

The consideration of the facts and views thus briefly referred to, furnishes us with an instructive picture of the ebb and flow of scientific thought. The conception of the disease, as originally described by the great man in whose honour it has well been named, was from the clinical standpoint almost complete, while the pathological explanation for long seemed adequate, and was regarded as having attained finality. Even in the early times of its recognition, however, as we have seen, there were currents of thought advancing and receding, like the waves of the rising tide, but ever with an onward movement. It is so, it must be so, in every branch of knowledge. The fact is constant, the explanation is changing; subsequent generations modify their views according to their gifts and lights. Similar instances of changing

28 Ziegler's Beitrage, 1889, vi. Band, s. 1.
29 Zeit. f. klin. Med., 1879, Band i., s. 77.
30 Arch. de Physiol., 1892, v. Sér., Tome iv., p. 269 and 465.
31 Loc. cit.
32 Journ. Physiol., 1895, vol. xviii., p. 230.
33 Loc. cit.
34 Trans. Assoc. Amer. Phys., 1902, vol. xvii., p.
35 Trans. Path. Soc., Lond., 1905, vol. lvi., p. 189.
36 Phil. Trans. Roy. Soc., Lond., 1906, vol. cxciv., p. 27.
37 As is well known, Clifford Allbutt has introduced the term hyperpiesis (Bristol Med. Chir. Rev., 1905, p. 7), and we may well use its antithesis.
38 Arch. gen. de Med., 1904, vol. cxciv., pp. 2324 and 2525.
39 Trans. Path. Soc. Lond., 1902, vol. lii., p. 368.
40 Amer. Journ. Med. Sc., 1904, vol. cxxvii., p. 134.
41 Arch. of Neur., 1907, vol. iii., p. 123.
42 Comptes rend. Soc. de Biol., 1907, Tome lxii., p. 967.
43 Wien med. Woch. Schft., 1907, Band. lvii., s. 674.
44 Lancet, 1907, vol. ii., p. 875.

views meet us everywhere on our way through the world. When in Brittany lately, this thought was strongly borne in upon me. Passing through Finistère, the great menhir of Trégunc caught my eye, one day, and led me over the heather and through the furze to have a nearer view. Closer inspection revealed a majestic monolith, erected by the early inhabitants of that fair region—whose descendants undoubtedly are the Brythonic Celts to-day, still in occupation of their ancestral home—for the celebration of some of their religious ceremonials. But what rivetted my gaze and arrested my attention, was the presence, on the summit of the megalithic monument, of a small stone crucifix. What had arisen as a Pagan symbol, had been by this simple device changed into a Christian emblem. And looking upon this interesting illustration of "Past and Present," the charming words of my friend, the Rev. Dr. Walter Smith,[45] came into my mind.

"And on the spit of land, a stone,
With lichen tinted and with moss,
Stands on the tufted grass alone,
Its face graven with a simple Cross;
There is no word of pious lore,
Nor wreath, nor ring, nor ornament,
Nor sacred letters nicely blent—
A simple Cross, and nothing more.

"Not other is the stone from those
That in the mystic circle stand;
An unhewn slab, and yet it shows
New light risen on a darkling land;
In monumental speech, it tells
The story of the ages gone,
The story of the Pagan stone
New-charmed with sacred Christian spells."

Correspondence.

The Commentary Cases.

Dear Sir,—I quite sympathise with "Absolutely Lost" in the correspondence column of the Gazette of October 5th, 1907. I never read a "Case for Commentary" without thinking of the child who asked her mother a riddle of her own composition, which was, "What is it that runs across the road in front of a motor car, is covered with feathers, and barks like a dog?" The mother, of course, "gave it up." The child said the answer was—a chicken; and when the mother remonstrated that chickens did not bark, she was met by the answer, "Oh, no, but that is put in to make it more difficult."—Yours truly,

Ingatestone, Essex. HERBERT CARDIN.
6th October, 1907.

At Starcross (Devon), on September 21st, Dr. E. R. S. Lipscomb was presented by the members of the Starcross branch of the Rational Association Friendly Society with a silver clock as a mark of respect and esteem on the occasion of his resigning the post of Medical Officer after twenty years' service.

45 The Poetical Works of Walter C. Smith, Collected Edition, London, 1906, p. 236.

Appointments.

Medical School Appointments.

The following appointments have been made by the Treasurer upon the recommendation of the Medical Council:—

Clinical Assistants in the Medical Wards.—Messrs. M. E. Ball (Dr. Hale White); R. P. M. Roberts (Sir Cooper Perry).

Clinical Assistant in the Surgical Wards.—Mr. S. K. Poole (Mr. Lane).

Ophthalmic Dressers.—Messrs. T. Evans (December 16th); H. E. Perkins (Mr. Ormond) (November 1st).

Surgeons' Dressers.—Messrs. D. C. Druitt, S. J. Darke, T. F. Brown, C. C. Holman, F. R. L. Atkins, A. E. P. Cheesman (Mr. Golding-Bird); T. Stansfield, C. M. Plumptre, E. W. Evans, F. C. V. Thompson, A. L. George, R. G. Oram (Mr. Symonds); S. H. Browning, D. Reynolds, C. G. Sprague, M. M. Adams, M. M. Cowasjee, A. R. Khalakdina (Mr. Lane); V. Townrow, H. B. Kent, A. D. J. B. Williams, A. H. Crook, H. R. Bastard, R. A. Rankine (Mr. Dunn.)

Externs.—Messrs. C. S. E. Wright, J. F. Young, D. Allan, H. Lee, T. Evans (November); L. K. Edmeades, V. P. Hutchinson, E. P. L. Hughes, A. D. Vernon Taylor, W. G. Tucker (December); H. Chapple, W. E. Wallis, H. W. Heasman, W. Johnson, J. R. Perdrau (January).

Civil.

Fuller, F. Holcombe, L.D.S., R.C.S. Eng., of 1, Sydenham Park Road, and Guy's Hospital, has been appointed Dental Surgeon to the Farringdon General Dispensary and Lying-in Charity.

Rice, David, M.D. Brux., L.R.C.P. Lond., M.R.C.S., D.P.H. Vic., has been appointed Medical Superintendent of the Norwich City Asylum.

Naval.

Fleet-Surgeon Chas. M. Beadnell, R.N., has been appointed to the *Renown*, and Surgeon Robert W. B. Hall, R.N., to the *Gladiator*.

Pass List.

First Conjoint Examination, September, 1907.—Part I. (Chemistry): G. B. H. Jones, C. H. G. Pochin. Parts I. (Chemistry) and II. (Physics): J. Lauder. Part III. (Elementary Biology): A. Tilbury.

Second Conjoint Examination, October, 1907.—F. S. D. Berry, J. A. Edmond.

First Conjoint Examination.—Part IV. (Practical Pharmacy): M. Salem.

University of Durham, September, 1907.—Degrees of Bachelor in Medicine and Bachelor in Surgery.—E. P. H. Joynt, H. F. Joynt.

Third Examination for the Degree of Bachelor in Medicine.—H. C. W. Allott, E. P. L. Hughes.

Change of Address.

Mr. O. Black, L.D.S., from St. Andrew's Street, Cambridge, to 219, Lorne Terrace, Albert Bridge Road, Belfast.

Dr. W. Henchman Cole, from Beech House Road, Croydon, to c/o W. H. Cole, Esq., The Chalet, College Lane, East Grinstead.

Dr. S. E. Denyer, C.M.G., from 75, Gordon Mansions, Gordon Square, W.C., to 26, Albion Street, Hull.

Dr. Frank W. Fawssett, from 228 to 260, Fore Street, Upper Edmonton.

Dr. W. J. Lindsay, from 273, Milkwood Road, Herne Hill, to 84, Herne Hill, S.E.

Mr. Chas. W. Randall, L.D.S., from 82, Kingswood Road, Birmingham, to 93, Cornwall Street, Birmingham.

Dr. David Rice, from County Asylum, Cheddleston, Staffs., to Norwich City Asylum.

Dr. N. I. Spriggs, from 12, Wennington Road, Southport, to 26, St. John's Hill, Shrewsbury.

Dr. H. Carlile Sturdy, from Mayo House, Spencer Park, Wandsworth Common, to 81, Bolingbroke Grove, Wandsworth Common, S.W.

Mr. Hamilton Wilkes, L.D.S., from 38, Harley Street, W., to 7, Portland Place, W.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

Sport.

Rugby Football.

GUY'S v. LENNOX.

Played at Honor Oak Park on Saturday, October 5th, before a good crowd, who were delighted at the promise shown by the home club. Lennox had Atterbury in the three-quarter line in place of Craston, whilst the Hospital team differed from that advertised by Jones, their captain, displacing Saner at three-quarter. Archer, not yet back in town, and therefore not available, had Stout as his substitute among the forwards. Guy's gave a trial to A. Moberley, an old Bedford boy, and a promising debut he made.

The ground was in perfect condition, except, perhaps, for the hardness, and a delightful game was witnessed till Lee had to go full-back owing to injury. After he left the three-quarter line the passing, not unnaturally, was nothing like so perfect. Stringer was by far the most prominent man on the field; his pace is as good as ever, and he has developed a very taking swerve, which beat the opposing three-quarter constantly. Lennox pressed at first, their forwards, led by Mitchell, were very bustling, and always on the ball, but soon Guy's got the upper hand, and several times a pretty bout of passing took place; one from Stringer right along the line to Digby saw him over the line, but Lee's pass to him was forward. A lofty kick by Atterbury reached Duke, who sent a well-judged cross-kick to Stringer, and that player gathering cleverly was over the line before Lennox could tackle him; Lee's attempt at goal was poor. Lee was very good opening up the game constantly, but Blackwood tackled him well, and the game was carried to the other end, where Newberry was dangerous, but a lovely tackle by Stringer stopped him. A scrum ensued, and a headlong forward rush, in which Crook, Hind, and Moberley were conspicuous, carried the ball beyond the half-way line, where Pritchard, securing from a scrum, got the whole three-quarter line on the move again, and a beautiful attacking movement culminated in Digby scoring a try for Jones to convert. Quiet play followed till half-time.

On resuming, Lennox were the more energetic till Atterbury, who had played well, was unfortunately stunned, but pluckily resumed. Then Lee was hurt and had to go full-back, Duke coming up into the three-quarter line. This, as stated above, took away very considerably the sting of the home attack. A great dribble by Crook and Pinching was stopped by Bell, and then Walker made a good run, but his pace was not sufficient to get clear. A good kick by Jones brought the ball back, and Stringer securing was unluckily pushed into touch at the corner. However, by constant pressure, Guy's kept the ball in Lennox twenty-five, and Pritchard gaining possession from a scrum, scored an unconverted try. Lennox still fought pluckily, and by persistent effort at length got up an attacking movement, Walker, Newberry, and Bell participating, and the latter scoring. "Time" went soon after, with the Hospital victorious by 11 points to 3. Teams:—

Guy's.—H. L. Duke (back); L. B. Stringer, J. P. Jones, H. Lee and W. Digby (three-quarters); G. B. Pritchard and P. F. Monaghan (half-backs); H. R. Mullins, W. G. Pinching, A. H. Crook, G. R. Hind, D. Stout, L. Milton, E. Elliott and A. Moberley (forwards).

Lennox.—C. F. Morbey (back); W. J. Newberry, A. Bell, E. F. Walker and J. L. Atterberry (three-quarters); J. G. Laing and N. F. Blackwood (half-backs); E. H. Mitchell, S. N. Crowther, A. L. Bennett, J. A. Craston, J. D. Malcolm, R. Kennedy, C. Rogers and C. J. Greenwood (forwards).

Referee.—Mr. Andrews.

GUY'S v. CATFORD BRIDGE.

Ideal weather favoured this fixture at Honor Oak Park on Oct. 12th, and 1,100 spectators witnessed an interesting game. The start was delayed for twenty minutes owing to G. Helder's late appearance. Guy's kicked off, and pressing immediately scored through Pritchard. The position was awkward, and Jones' kick went wide. From the drop-out Jones found touch with the return

kick, and put his side attacking again; in fact, the ball remained for a considerable period in the Catford "25," till a strong dribble on the part of Jones, Wilkins, and T. Balkwill brought relief. Guy's were well served by their forwards, who heeled out persistently. Monaghan and Pritchard, at half, making frequent openings, the three-quarter line were able to attack constantly with well carried out passing movements, G. Helder marking Stringer assiduously, prevented further scoring, the other Guy's wing man not requiring much attention. A grand rush on the part of the Hospital pack broke down all opposition, and they crossed the line in a bunch. Who really gained the try does not matter where all strove so valiantly. Jones again failed at goal. Just before half-time Jones got Stringer going, but Helder just caught him by the collar; otherwise a score was certain. The second half found Catford facing a very trying sun, and their forwards at once showed their strenuous efforts had told on them. Mention should be made that Catford were without several of their usual players. Geo. Helder and Davidson were the only regular members of the back division playing. Christie was extremely weak, and could do little against the fast pack opposed to him. Moberley scored a neat try for Guy's after resuming, Stringer's kick failing. Then constant passing by the home side took place, but many good movements were spoilt by Bennett's lack of finish. Pritchard picked up beautifully, but was held up on the line, and then the ball went over by a series of short rushes on the part of Catford to Stringer's wing, and that player securing, made a really marvellous run. He went at top speed towards the goal, practically clearing the opposite forwards, doubled in in the direction of the corner flag, passed Helder and Christie like a flash, and grounded in a favourable position. His own attempt at goaling was poor. A little later he scored with ease by the corner, Moberley converting in good style. Just before the end Catford rallied, and Geo. Helder, who throughout the afternoon made the most of the few chances he got, made a great effort. A strong dribble by the visiting pack looked certain to score, when Pritchard defended pluckily, dropping on the ball, a feat which one of the Guy's three-quarters seemed anxious to avoid. Soon after "No side" was called, and Guy's were left winners by one goal and four tries to nil. Teams:—

Guy's.—H. L. Duke (back); L. B. Stringer, J. P. Jones, W. S. Digby, and R. S. Bennett (three-quarters); P. J. Monaghan and G. B. Pritchard (half-backs); H. R. Mullins, H. Archer, W. E. Williams, G. R. Hind, L. Milton, A. Moberley, H. Hoby, and T. D. Stout (forwards).

Catford Bridge.—A. J. Christie (back); G. C. Helder, G. Davidson, M. H. Sears, and E. T. Jensen (three-quarters); R. H. Ridler and W. C. Wilson (half-backs); F. D. Adams, H. E. Wilkins, P. Walsh, T. Balkwill, C. V. Balkwill, C. Spiers, H. J. Piggott, and S. Larmour (forwards).

Referee.—Mr. Potter Irwin.

"Blue."

I loved you as a "Pro.,"
But now that things
Have altered so,
Since you've discarded "strings,"
You'll need no "beau."
* * * *
This is my only plea—
Since you've got "blue,"
Don't say you'll be
A "sister," fond and true,
Henceforth to me!
* * * *
Farewell, cœrulean Nurse,
And since you are
Above mere Pros(e),
Immeasurably far,
Accept my "Verse."

Q. S.

[The above was dug up from the plague pit in the park. The author seems to have been a little love-smitten. Period, seventeenth century.]—Ed. G.H.G.

Papers by Guy's Men.

A Case of Vincent's Angina in which the Larynx and Trachea were involved. By H. W. Bruce, M.D. Lond., F.R.C.S. Eng.—*The Lancet*, 12th October, 1907.

Three Cases of Lobar Pneumonia with Unusual Complications. By P. C. P. Ingram, M.B., B.S. Lond.—*Ibid.*, 5th October, 1907.

Direction of Abdominal Incisions (Illustrated). By A. E. Maylard, M.B., B.S. Lond.—*The British Medical Journal*, 5th October, 1907.

Birth.

MANSELL.—On September 28th, at Crofton, West Hill, Hastings, the wife of H. Rosser Mansell, M.R.C.S., of a daughter.

Marriages.

PAYNE—WISE.—On July 9th, at St. Chad's, Shrewsbury, by the Rev. E. G. Payne, B.A., assisted by the Rev. R. Arkwright, B.A., Otto Vaughan Payne, M.B., B.C., of Northwood, Alton, Hants, second son of the late W. G. Payne, F.R.C.S., and Mrs. Hill, Warlington, Devon, to Eleanor Beatrice, younger daughter of the late D. R. Wise and Mrs. Wise, of Murivance, Shrewsbury.

ROBINSON—WARD.—On October 8th, at the Parish Church, Swanage, by Chancellor Bernard and the Archdeacon of Suffolk (uncles of the bride), assisted by the Rector of the Parish, Gerald C. F. Robinson, F.R.C.S., to Helen Margaret, daughter of Colonel A. C. Ward, late R.E., and Mrs. Ward, of Swanage.

Ed.—M. E. B.

GUY'S HOSPITAL GAZETTE.

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Passim.

IF peacemakers are blessed, those who are on neither side are at least happy in their position. The GAZETTE takes no political side, and we, therefore, are more inclined to look at the probable outcome of events than to discuss the rights and wrongs of the principles of either party. Especially is this so in the case of a possible railway strike, which at the time of writing seems as likely as ever (at least, the attitude of the two parties concerned is apparently still unaltered). The question of trades unions, and their leaders and opponents, affects us, as a hospital, but little; but when the question becomes one of strike or no strike we begin to be seriously alarmed. One has not to consider the matter for long before seeing clearly the many ways in which such a proceeding as a strike would deal blows at the London hospitals, and, as we said before, without entering into the social and political aspects of the case, on behalf of our patients, we cannot but hope that, at whatever cost, a strike will be averted. The ways in which such a movement would affect us are too numerous to be entered into, but imagine a large hospital, with its beds full and its coal and milk supply cut off!

WHILST speaking of the railways, the thought of two great accidents which have lately occurred naturally arises in every one's mind. Whilst the question was heard and read on all sides—Why did the accidents occur? we saw the heading of a column in a newspaper, in the usual type set aside for advertisements. The heading was worded either "Why the railway accident occurred," or "How it might have been averted," at least, that was its purport. On glancing down this column, great was our disgust to find it an advertisement for some patent medicine. We were told that, had the engine driver, or whatever official was reponsible, been in the habit of taking some patent medicine or other (we do not remember which) his "nerve force" would have been just sufficient to prevent the accident. Perhaps some would say no notice should be taken of such mean attempts to turn great disasters to one's own advantage. We think otherwise, and would like to see a censor of advertisements. Of course, this is an age of advertising, but there should be some check on those who act in this fashion. Perhaps the Advertisements Regulation Bill will in the future prevent events of this character recurring.

"WHAT shall we wear?" is a question which, like the poor, is always with us. In the

Clinicals' room the answer, "white coats," has been unanimous, and white coats are accordingly to be seen all over the hospital nowadays. There is a great deal to be said for white coats, which, of course, have been worn by members of the staff in Out-patients for years. The jeers and scoffs which arose when the innovation was made have died out already, and white coats have come to stay.

THE success of our Football Fifteen against Cambridge University has given much satisfaction on all sides, and the team are still undefeated. Last week we only managed to draw with London Welsh, but we had not a full team playing. We hear W. E. S. Digby is likely to be *hors de combat* for some time with an injured shoulder; this weakens our three-quarter line considerably. We sympathise deeply with Digby, one of those poor unfortunates who never has time to quite recover from one injury before he gets another. Judging from results read in the papers, we shall have very formidable opponents in London and St. Bartholomew's this season, and our team will have to improve to make sure of repeating last season's success.

WE were indebted to the *Lancet* for the paragraph relating to the late Mr. Richard Rendle, which we published in our last issue. We have since received from Mr. Rendle's brother the following memoir, written by a member of the consulting staff who knew Rendle well at Guy's in the sixties:—

"In the death of Richard Rendle, which took place at Kingaroy, Queensland, last August, Guy's Hospital has to mourn the loss of one who, from 1864 to 1874, was one of the foremost of her sons. His name, it is true, is not to be found upon the honours lists of that time, for he was of a diffident nature as regards his own capacity. But he devoted himself always to steady work, and as the days of his hospital study approached completion, he came to the front as a man who had availed himself of every opportunity for the acquisition of knowledged; who was possessed of judgment, common-sense and energy, and whose one aim was always to do and give his very best. Small of stature, that pale grave face, always thinking how his world could be set right—I can see it to-night as if it were but yesterday—wholly absorbed in planning out the best possible ways of aiding his patients, or of bringing out on the top everything he undertook, for there never was a more scrupulously honest worker; and even as a very young man his patients had complete confidence in him, he was so resourceful, so obviously intent on leaving nothing to chance. His bent, his ingenuity and handiness all directed him to surgery, as the branch of his love. He was dresser to Mr. Hilton, and filled that somewhat difficult post with distinct success. Thereafter he became house-surgeon, and either then or later, as surgical registrar (an office he held from 1869 to 1871), he turned much of his attention to anæsthetics, and was largely instrumental in bringing Jünker's inhaler into use, and subsequently he produced an inhaler of his own, which, I am told, still appears in the lists of surgical instrument makers. In that day the late Mr. Clover was about the only specialist in that department, and Mr. Rendle, by that time a Fellow of the Royal College of Surgeons, had a considerable practice as an anæsthetist, and he largely advocated the use of bichloride of methylene. About this time also he became attached as assistant surgeon to the Royal Hospital for Women and Children in the Waterloo Road, and later as surgeon to the Seamen's Hospital at Greenwich, where he proved himself to be a skilful and successful surgeon. As surgical registrar he showed a considerable aptitude for clinical teaching, and, if I am not mistaken, he developed and carried out, with the support of the then lecturers on surgery, the commencement of our still more complete latter-day system of demonstrations in practical surgery. And thus it came about that in 1872 he was appointed assistant demonstrator of anatomy—an office, as all Guy's men know, that is on the brink of great success, and sometimes of great disappointment, and unquestionably having got his foot on the lowest rung of the ladder, Rendle, who, with all his tendency to self-depreciation, was now beginning to feel his power, did indulge in hopes of a brilliant future. That by earnestness of purpose,

courage, knowledge, and skill, he was worthy of such a future, no one could have any doubt. But where several compete for a coveted post, only one can be chosen, and Rendle was not selected for assistant surgeon when the time came round His was not the mind to throw off a disappointment such as this. Always somewhat desponding, he was wont to brood, and to regard the friction of life as beset with slights that had no existence, and so he left Guy's. He subsequently held the post of resident medical officer at the Hospital for Consumption at Brompton, and ere long he went out to Australia. There he settled down in Brisbane, becoming medical officer of the Lying-in Hospital and Hospital for Children in that city, as well as health officer for Brisbane. Here, as was to be expected, he speedily came to the front, and for many years was one of the most successful practitioners in Brisbane. Unfortunately, after some years of prosperity, he was well-nigh ruined, as were so many others, by the tumbling edifices of the Australian banks. And since then, although again successful in the struggle for existence, he has passed out of the ken of the writer of this notice. He died from a fall from his horse, caused probably by heart failure following influenza, in August last. Thus a strenuous life has passed into the tomb, and with it a large slice of the happy memories of one's student days. But one who had a great regard for him may well say that he carried with him into that far-off land the spirit of self-reliance and power of mastering difficulties that he had been taught at Guy's, which, coupled with a natural undeviating rectitude of character and kindly sympathy, produced a man who was worthy of all honour and remembrance."

MR. CROUCHER wishes to acknowledge the receipt of 10s. 6d. for the Miller Fund from Dr. J. R. Steinhaeuser.

THE Annual General Meeting of the Guy's Hospital Rifle Association was held on Thursday last, in the Physiology Class Room, at 4 p.m. Sir Alfred Fripp kindly took the chair. The Hon. Secretary, having read the minutes of the last meeting, then presented his Report for the past season, the following being the chief points therein. The team have won both the Armitage and Bisley Cups this year, and also both their matches, a third one having been abandoned owing to a storm preventing our opponents from completing their shoot. With regard to last year's proposals as to Revolver and Miniature Rifle Shooting, the former was dropped, as only one man subscribed his name on the list posted for that purpose. The Miniature Range Scheme was also at a standstill, as in reply to a letter to the Superintendent submitting the plans for the sanction of the House Committee, the following letter was received:—

DEAR MR. HENDERSON,

The House Committee decided on Thursday last that they were unable to sanction any proposal for the erection of a Miniature Rifle Range within the precincts of the Hospital.

I am, etc.,

E. C. PERRY, Superintendent.

Thus the only site left is one on the ground at Honor Oak, if such could be allotted to us. The Hon. Secretary then pointed out that the scheme was too expensive to be carried out without due consideration. Mr. R. G. Oram suggested that a sub-committee should be formed to inquire into the cost, find out the necessary procedure as regards local authorities, etc., and also to find out, if possible, to what extent the Range would be patronised by the men. The sub-committee was then appointed, its members being Messrs. R. G. Oram, L. L. C. Reynolds, and H. J. Henderson. With regard to the programme for next year, the one which has proved so successful this year will be repeated, with the addition that more matches will be arranged. The officers for the ensuing year were then elected. Sir Alfred Fripp kindly consented to again act as our President. Vice-Presidents: G. Newton-Pitt, Esq., M.D., L. A. Dunn, Esq., M.S., M. S. Pembrey, Esq., M.D., A. P. Beddard, Esq., M.D., R. P. Rowlands, Esq., M.S. Captain: H. J. Henderson. Hon. Sec.: W. E. Wallis. Committee: L. L. C. Reynolds, H. L. Attwater, C. C. Holman, C. B. Ticehurst, G. A. Blake, G. B. H. Jones, with one dental or first year's man to be chosen by the above next May. The proceedings terminated with a hearty vote of thanks to Sir Alfred Fripp for so kindly presiding.

Examiners Examined,

And found Wanting.

THE condition of affairs between examiners and candidates is so one-sided that, although the examiner may joke at the candidate's expense with impunity, jocular experiments on the candidate's part are liable seriously to endanger his chances of passing. It is only fair, then, that he should be able to retaliate in some way, and, either anonymously or in the pretended anonymity of his examination number, should be allowed to criticise his examiners in some points where he thinks even they are not perfect.

Now, there is the matter of originality. Examiners complain often enough that candidates show none; that they quote in answer-papers whole passages *verbatim* from Starling and Osler, and so on. The charge is just enough, but some candidates are so humble-minded that they feel they cannot express what they want to say better than Starling, Osler, and the others have expressed it. "Why, therefore," they would say, "try?"

If candidates are not original, neither, for that matter, are examiners, who, agreeing apparently with Justice Shallow, that "Good phrases are surely, and ever were, very commendable," have become addicted to the use of certain set words and phrases. In asking a question they could in nearly every case make use of one of Mr. Kipling's "six honest serving men—

> . . . What and Why and When,
> And How and Where and Who."

But these are usually too straightforward, too definite, to satisfy the average examiner. Dear to his heart are "describe," "enunciate," "elucidate," "comment on," "compare and contrast," "give a brief sketch," "write a short account," "explain the significance of," "trace the connection between;" as a luxury he may use "differentiate."

Dearer still to his heart is the word "discuss." The tendency to use this word in examination papers is a growing one. It is easy to see why. It does not commit the examiner himself to any particular views on the subject of the question, and it does not afford the candidate any clue as to how long he is expected to keep on "discussing." The question is generally put in some such way as the following: "Discuss the bearing of A on B," and here often follows in brackets a devilish "(if any)." If anything can set a candidate's heart palpitating, that little interpolated "if any" is best qualified to do it. The next worst kind of question is rather similar: "Will A have any effect on B? If not, why not?"

After all, examiners probably get their own punishment for asking the candidate to "discuss," in the shape of whole sheets of irrelevant, or half-relevant, matter, through which they have to wade (for although examiners may not be original, we must assume, at the same time hoping the assumption is not too bold, that they are conscientious).

In fairness to the examiners it must be admitted that there has been a movement in the direction of reform, but unfortunately the remedy is worse than the disease, for it consists in the adoption of a sort of kindergarten style. The candidate is addressed familiarly as "you." "You are asked to do so-and-so," "you must confine yourself in your answer to . . . ," and so on. Then there are other impertinences used in introducing the questions, such as "suppose," "let us imagine," "write all you know concerning . . ." This type of examination question must be an attempt to play down to, as it is only fit for, the candidate who adopts in his answers a similar style: "I shall first describe so-and-so, and afterwards we shall pass on . . . ," etc.

Of course it does not follow that originality in examiners would be welcomed by candidates. The latter have become used to these conventional catch-phrases, and know what is expected of them when they are told to "trace the development of," "comment on," or what not. The secret of it all is, partly, that things are arranged so as to give least trouble to all concerned, and partly, that examiners have all been candidates in their time, and have become habituated, while still unhatched in the academic sense, to the vicious tricks of their trade.

And this is the only bone which the present writer has to pick with examiners; for, though they are reputed hard-hearted and ill-mannered, he has found them lenient and courteous, but that they show any originality of mind—never!

A. N. C.

THE EDITOR will, at all times, be glad to consider articles or sketches, provided that they are accompanied by the writer's name and address, not necessarily for publication. Payment is a matter of arrangement, and the fees that the GAZETTE *can offer are merely nominal, but if the writer desires any remuneration that fact should be stated.*

Shortcomings of the Etiquette Book.

Books treating of etiquette and the rules and manners of good society, though written with the best intentions, and good as far as they go, do not go far enough. The fact that a thing is good so far as it goes can be said of some of the most splendid failures, and what often follows this limitation may be seen in the *London Gazette* every day. The talented young lady who was to startle the world with an historical novel to bring her fame, fortune, and a husband, and wrote, "One lovely evening in May, towards the middle of the twelth century, on the left bank of the Thames, opposite what is now known as Eel Pie Island, a horseman, armed cap-à-pie, might have been seen riding—" and then left off, was quite pleased with the criticism. In fact, the gentleman who said that this was good so far as it went, is now the lady's husband; so she was not altogether disappointed; but the horseman armed cap-à-pie, in the vicinity of the Star and Garter, is still in the saddle of his noble steed, patiently, if not sorely, awaiting events. Probably, if she had continued her work, the swain in question might have been so heartily bored with the production as to have criticised it adversely, and then taken his hat off the hall peg for the last time, as the natural and only consequence. Now, as it was with the romance of the armed horseman, so it is with the books I have mentioned above; they are only good so far as they go, and that is their fault. Many such I have read, from Lord Chesterfield's Advice to his Son to "Manners for Women," and one might just as well try to pilot oneself through Mayfair with any of these as with a copy of Ruff's Guide, or Tupper's "Moral Philosophy," in one's pocket.

The thing you want to know, and have only five minutes to search for ere the cab comes to the door to translate you to my Lady Hetty Kette's is not to be found; with the result that the cab comes, and the cabman is paid sixpence, and swears, and Lady Hetty, I am pained to say, uses rhetorical expressions too; and it will be a thousand years before you are invited again. Rightly so, for you have committed of social sins a twain, in that first, you have failed to keep an engagement and prevented somebody else, perhaps a much more desirable person than yourself, from sharing her ladyship's hospitable board; and secondly, that in your apology the next day for your non-attendance, you have manipulated the truth in such an amateur and unworkmanlike way as to call forth Lady Hetty's comment, unbeknown, of course, to you, that you are a descendant of the House of Ananias by an illegitimate line, and a blot on their 'scutcheon. Your turpitude is twofold, and instead of patronising duchesses and treating bishops' wives like dogs, which might have been your happy portion had you got on Lady Hetty's soft side, and thereby gained the *passe-partout* to Society, you now would grapple to your womanly breast a rural dean's widow, and think yourself lucky to get the chance. The trouble, primarily, has arisen through your flying in vain, in your hour of need, to your "Manners of Women" or whatever other book you affect, when you would have given all your worldly belongings to know whether asparagus should be sucked in between the teeth with the fingers, or eaten by the aid of a knife and fork, or to be enlightened upon some point of table or other deportment upon which you were doubtful. Then, again, you might have retrieved your reputation could you have framed an apology to your hostess showing that you could do the *suppressio veri* with a light facile touch instead of a sledge-hammer thud to reverberate in the welkin and disturb the angels.

If ever I became obsessed with the idea that the world was waiting for me to write a book upon social comportment, that hosts and hostesses throughout the civilized globe were pointing at me and saying, "Thou art the man," like the corpse did at his murderer in Poe's cheery narrative, there are certain matters which I should *immediately set down as demanding paramount treatment.*

Of course, the sort of advice one expects to find in books of this character would not be wanting. I should mention in their proper chapters that brown boots and a frock-coat are a sartorial solecism, that such expressions as "sartorial solecism" may only be used in Society by people of literary distinction and lady journalists, and by them sparingly; that pudding should be eaten with a fork, custards and water ices more properly with a spoon; that it is not considered ladylike at the opera to talk so loudly as to swamp the orchestra; that gentlewomen never chatter in church, and gentlemen never yawn, these indulgences only being permissible after the service, and then with no indecent haste; that it is ungentlemanly, as arguing a disregard for feminine prejudices, to retail in the presence of ladies the flowers of humour culled by you from the artless pages of Sans-Gêne, or Le Vieux Marcheur; that it is unmannerly, when others are present, to air their views upon controversial subjects such as the authenticity of the Pentateuch, or the commercial damnation attendant upon free trade; that it is contrary to social convention to impugn another's veracity by such expressions as, "Come, come, my dear, that's the limit: it's a wonder that long-bow of yours don't snap," or "Don't fence with me, sir; prevarications, etc.—you know the saying."

But all these matters would receive but passing mention. My aim and object would be to bring to the notice of my milliard readers things which cannot be found elsewhere. A long-felt want would be met by my chapters on the art of polite conversation. Readers would be enjoined to cultivate the acquaintance of recognised conversationalists, to entertain playwrights, and to attend, as a part of their education, all the new plays so as to study the dialogue and learn to turn an epigram in the true Jonesque-Pineroic style. I should write chapters dealing with words and phrases commonly used by society, explaining their meaning and pointing out the desirability or otherwise of adopting them.

This would be most important. A word out of place, an utterance made unthinkingly, or an expression misunderstood, might mean your social debacle, your passing from the rapturous delights of Belgravia or the Faubourg St. Germain, or Fifth Avenue, to a social Pit of Tophet. I should point out the way to deal with affronts to your dignity, as a pun made in your hearing, that in such a case you either would preserve an outraged silence, so to speak, or ejaculate "Really!" in a high falsetto key, which has never failed, if spoken as though one meant it, to annihilate the offender or reduce him to a squirming, writhing thing at one's feet.

But I await the mandate. This is just an idea of what you will get should this great work be published. It will be embellished with portraits of Lord Chesterfield, Mrs. Humphry, and other would-be eradicators of our quadruman taint, and will be printed in monthly parts over a period of three years at a guinea a time, which I shall treat—not wishing to bring commercialism into the matter—as an honorarium. R. C. A.

Papers for the Newly Qualified.

X.—By Way of Introduction for New Men.

As I notice in some of the medical and daily papers no, or very little, notice has been taken of Professor Osler's wise though homely address, and being present myself, I am forwarding a few notes taken in the library of St. Mary's Hospital on the occasion of the opening meeting of the session, held there Wednesday, October 2nd.

None but perfectly healthy strong-built men should enter for the medical career, because the course to be run is long and difficult; hence to know oneself thoroughly is most important, so that the race may be relinquished, if necessary, before the catastrophe ensues.

A condition of sensible training is quite necessary for success along the lines of not working too hard, not smoking too much, not sitting up too late, and not neglecting to take exercise. At first it is better not to go too robustly to work with either mind or body, never over-riding them, while never allowing any rustiness, discovering that the more using they have the more you can get out of them.

Dr. Osler further said that we must cultivate staying powers and have a good reserve. The medical art is long and needs mobile reserves, which we should learn to utilise successfully. He had long been in the habit of saying to himself and others, that those who attempt extraordinary things will have extraordinary tumbles, and that it is far better to be an ordinary individual. This, of course, allows that there are some who are able to do great things in a short time, with safety, but these are the minority.

Dr. Osler advised dismissing the thoughts of examinations, with their attendant worries, and cultivating the habit of keen interest in one's daily learning, going at it with sane, cool reason, sifting the true from the false in everything, adopting an attitude of mind which seeks a scientific understanding of methods, and a burning till a solution is accomplished, for the investigating spirit is the life of the physician. The art of medicine is how to manage patients, and how to cure their diseases. He cures most in whom the most have greatest confidence. Much depends on the attitude of mind we assume towards our fellow creatures.

It is well to make a careful examination of oneself, for if we have or assume a raw-skinned irritable disposition we shall not get far on the road of success, while those who are softer-skinned, more placable, with the sympathetic missionary spirit, will find themselves sought after.

Tracing the natural history of diseases, and catching the life histories of those who are our successful forerunners, from whom we can learn the way which is new and still before us, was strongly advised.

Dr. Osler thought that a nursing apprenticeship would be a good preliminary training for the future practitioner.

AFTER THIRTY YEARS.

Change of Address.

Dr. Godfrey F. E. Allison, at the Old College, Petersfield, Hants.

Mr. Frederic Durham, F.R.C.S., from 52, Brook Street, W., to 34, Dover Street, W.

Dr. Claud F. Fothergill, from Beech Holm, Tunbridge Wells, to Rose Bank, Chorley Wood, Herts.

Dr. Edgar R. S. Lipscomb, from Starcross, Devon, to 52, Cambridge Road, Hove, Sussex.

Dr. M. G. Louisson, from Guy's Hospital to Christchurch, New Zealand.

Mr. C. S. Morris, L.D.S., from 27, New Cavendish Street, W., to 47, Upper Brook Street, Grosvenor Square, W., and 17, Railway Approach, London Bridge, S.E.

Dr. Frank Shufflebotham, J.P., from 12, London Road, Newcastle-under-Lyme, to 21, London Road, Newcastle-under-Lyme.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

In the Bishop's Library.

ONE can get too much of a good thing.

Every day I had the Bishop thrown at me, figuratively speaking. When I bought figs, luscious purple bags of deliciousness, off the old fruit-seller who had his seat near the statue of an ancient gentleman about whom none of the local folk knew anything, it was intimated to me, in language bristling with those delightful diminutives, that the Bishop himself ate no finer fruit. "His little Grace—bless him,"—and old Bartolomeo would nod his head in the direction of the episcopal dwelling-place—"buys them himself. His little Grace is not stuck up—bless him."

When my landlord, quaintly conservative in his red handkerchief, which he wore as a capelline round his head, brought me the matutinal glass of goat's milk, I was sure to hear of my Lord Bishop. In time it got monotonous. If there is one thing I learned to know it was the proper way to express approbation of high ecclesiastical dignitaries in the dialect of the place. How rich a dialect, too. How untranslatable. "My little straw of a bishoplet," "the tiniest wee bit of consolidated goodness," "God's-own-good-nature-crystallised-in-himself-bishopkin," "the-dearest-chasubled-bishoplet," and so on and so forth. As I am never likely to make use of these endearing epithets, their constant and continual reiteration by landlord, fruit-seller, carozze driver, and fisherlad, became indescribably wearisome. I began to dislike my Lord Bishop.

Bartolomeo first told me the item of news that aroused in me any real interest in the Bishop. It was that there was a library at the episcopal palace. "Palace—that?" my fellow-visitor had said when we first viewed the Bishop's dwelling. "Why, it looks like a farmyard." There were trestles outside and scaffolding on which the figs were sun-dried; there was a litter in the courtyard, bits of rag, stray parts of the Milan newspapers, a pariah dog, feeding on my lord's generosity ("his blessed-little-graceship," said Bartolomeo, "has ever a corner in his heart whereunto even a half-crushed sea-louse may creep for sanctuary: just see how he endures the scum of those doglets"), and a forlorn crow pecking in the crevices of the pavement. The only thing that savoured of the church was the old porter, who had a truly ecclesiastical appearance and looked grave, dignified, with a cast in one eye and a cataract in the other. Old and mouldy the palace, sleepy and quiet in its repose. Yet it has had a glorious history. When you meet a Garibaldian, and the talk turns to the Volturno and the great liberator's first victory, the palace comes in for a laudatory mention, and the Bishop's predecessor for—as frank-hearted and heavy-worded damnation as you may desire. Further back there is mention of the palace. Turn the conversation round to Francis and the constable—the days of chivalry that never was chivalrous, of knighthood that for one Bayard held a thousand Bourbons, and again my lord's dwelling-house crops up. You cannot keep it out of history. It is part of the story, a necessary, inevitable element in the legends that make up the whole. Just as much are my lord, and the mention of his name absolutely essential to the daily conversation of the place.

In the palace, told Bartolomeo, there was a library. Many of the doctori came to see it. Oh yes, entrance was easy, even for a stranger. His blessed little graceship was the very platinum of charity, and would not exclude the veriest stranger—and the signor was hardly that, seeing that he had bought fruit now for——. So I went.

I had no wish to meet the Bishop. I detested him, in imagination at least. Bishop all day, prefixed by endearing diminutives, gets intolerably monotonous. I wanted to see the library.

The cast-eyed porter took me in, accepting the lire with a dignity and a calmness that was in stern and aristocratic contrast to the eagerness of unecclesiastical waiters and cabdrivers. This was the room, and if I cared to stay—why, who was to complain? You cannot steal books out of the Bishop's library. It is too great a crime, even in Italy.

There was much to see, overmuch to read. A more varied collection of volumes in more capacious bookshelves I have never come across. On a top shelf, dusty, unhandled, reposed a row of veritable treasures. Paulus Aegineta, Avicenna (in a neat little duodecimo which is worth reprinting), Copho, God knows who else. There was too little time to go through them, and I promise myself the pleasure, now that I know his little graceship, to go back there once more and revel in the finest edition of Guy du Chauliac any library holds.

Large, tall, oaken bookshelves, between which hung curtains of faded dark red velvet or plush, shrouding doors and windows. Two tables at either end of the room, furnished with pens, papers, and most modern writing appliances, evidently in constant use. On the floor matting, which does not keep the dust, and deadens sound as effectually as any deep pile. A rather gloomy room, overlooking the courtyard, but with the windows so narrow that barely the tips of the opposite gables come into view, and the edge of the row of fig trees on which the chameleons basked in the sunlight. Many theological tomes, mostly ancient, some very modern, with a large sprinkling of the German school amongst them. Christlieb, for instance, and a stray volume of Lange, the coal-heaver who became professor of theology. And rows upon rows of the finest editions of the classics—his blessed graceship is evidently a lover of good binding and good print.

It was while I was engaged in gloating over a magnificent volume of the "De Rerum Natura" (how magnificently the Florentine publishers tool their covers of carved leather, and gild their crisply-cut edges!) that his blessed graceship entered. I have a vague recollection of what he wore, though I cannot describe his undress in correct ecclesiastical terms. In his court dress I might

attempt the task, for who is there who knows the difference between chasuble and dalmatic, alb and cope? Who is there to gainsay if I were to dress my Lord Bishop in the thurifer's vestments, or in the violet of a mere sub-deacon? I shall attempt no such thing. I know he wore a skull cap, the velvet edge of which came down flush with the forehead, and the dark shade of which contrasted sharply with the parchment-like skin. A tall man, full fleshed and of good carriage, a man with a long oval face, with a sharply lipped mouth. "Otherwise normal," as the clinicals say. Only he smoked a cigarette and carried with him a faint suggestion of scent, very different from the eternal reek of gum benzoin to which the sub-deacon (with whom I have drunk more than one mezzo-fiasco of Barolo—and a vile wine it is, especially when the sub-deacon waters it) had accustomed me.

There lingers with me a recollection or two of our conversation—a duologue that was peck and sniff at the first, courteously polite on the protector of sea-lice, on mine, I am afraid, ungrammatical, unidiomatic, with a great deal of stiffness. In imagination I had erected a barrier of prejudice against this dignified churchman. I had pictured him in crimson samite and tasselled hat, scrawling on bits of paper the "Ego, in summum elegi," in sweet anticipation of the coming conclave. Priest-prince is a compound which I dislike as much as Hippocrates hated white hellebore for the acrochordon, and the recital of his graceship's wealth and honours by members of his flock who were, to say the least of it, as deserving of support as any half-crushed sea-louse, had not corrected first prejudices. Underneath all lay a suspicion that the venerable cleric was secretly amused at this tourist's intrusion into his bibliotheca. It needed a deal of interesting talk on his part to dissipate these clouds of opposition: a nice discrimination to temper with his oxymel the verjuice of armed neutrality. And I can pay the Bishop no higher compliment than to say that when the conclave comes, and his fellow cardinal-deacons feel towards him the same friendliness as does the poor prejudiced stranger to whom he unfolded the treasures of his library, the final scrutiny will show that the ballot is overwhelmingly in his favour. For I agree with Bartolomeo when he says, "The good little Lord has made plenty of men of marzipan, but none of such pure almond paste as that with which He fashioned the Bishoplet—bless him."

There are some who allege that the Italian clergy are——. A day in the Bishop's library, along with his graceship, the protector of sea-lice, will convince them that they are in error. I had been to the hospital, and it appeared that my lord had been there too, but a day or two previous, being interested in a case of Flagani's disease. "The daughter of Fidoleo, the salametti seller. A terrible illness, signor. Does it rage much with you?" I had never heard of Flagani's disease, and I am indebted to the Bishop for a most interesting bit of medical history, the knowledge of which makes me smile when I read a certain exquisite paragraph in one of our omniscient text-books.

Here was a beautifully illuminated missal, a copy of Dante—modern work, but magnificent enough to be set alongside the primest efforts of old illuminators. The copyist is now dead, said his graceship, for he was a vagrant, and could not be made to stay in one place. He caught the dysentery at Bizerta, and was off in a puff. A vile disease, the dysentery—what a wealth of intricacy was that O. And tracing the finely-written lines, worthy of the wording, the man of marzipan read me a stanza in a manner I have never heard Dante read before. Here was this prince-priest, as they called him, glorying in the "O poca nostra nobilta di sangue" verse as enraptured as any mere socialist. My respect for the Bishop rose.

Somehow I came away from the Bishop's library. The old porter showed me out, and I forgot to give him a lire, blushing furiously when his sternly mild reminder, "The porter has his due, signor," touched my ear. I know the protector of sea-lice waved his cigarette end at me as I bowed myself out. I like to imagine it was his fatherly blessing to a departing stranger. As I say, I hope to return, some day, and read the immortal Guy, and discuss the question whether Lucretius borrowed his fine description of the face of the dying man from the Father of Medicine, or whether the poet had himself seen a patient dying of the pestilence. The Bishop's remarks on the matter will be worthy of reproduction.

Novelties.

Messrs. Edward Cook & Co., the famous "Soap Specialists," are announcing a special offer, to medical men and nurses only, of a case containing soaps and perfumes, with glove, handkerchief, and collar boxes. The price-list values the whole case at ten shillings. For a postal order for five shillings this case will be sent post-free to medical men or nurses, provided the application be made by December 14th. Messrs. Cook's soaps are, of course, well known, and their name is sufficient guarantee of the genuineness of this excellent bargain.

Messrs. F. & J. Bruce, of Parabolic Reflector fame have improved and raised their lamps to the pitch of perfection. There can be no better lamp for reading, either in the study or at the bedside. With all our electric and incandescent lights, we still know the steady oil lamp to be the most suitable for reading—the most restful to the eyes; and with Messrs. Bruce's parabolic reflector, a minimum quantity of oil is made to give a maximum of candle power.

Pass List.

University of Cambridge, October, 1907.—Sanitary Science Examination.—M. de L. Robinson.

University of Durham, September, 1907.—Examination for Degree of Doctor in Medicine for Practitioners of Fifteen Years' Standing.—H. J. Roberts.

Femoral Hernia: Treatment of Strangulation and Radical Cure.

CLINICAL LECTURE BY MR. FAGGE.

GENTLEMEN,—The subject of our lecture to-day is an old woman, who was admitted into Martha on May 9th suffering from an irreducible swelling over the right saphenous opening. This was diagnosed as a strangulated femoral hernia. The patient's age is 58, and she had had this swelling 25 years. The report says it has never been less than the size of a hen's egg, and on straining it becomes larger. On these occasions the patient lies down, and succeeds in pressing it partly back, but has never succeeded in reducing all of it. It is probably true that femoral herniæ are more often irreducible than inguinal herniæ; and from the mere fact that herniæ such as this one are so often irreducible and yet produce no urgent symptoms, it is naturally argued that the contents of such irreducible femoral herniæ are usually omentum: that is that they do not contain bowel. It was surmised in this case that the portion which was intestinal—properly called the enterocele—was reducible, and the part remaining behind was omentum, though, of course, the hernia may have been all omentum, partly reducible and partly irreducible. On May 7th the swelling began to enlarge again, and there was acute pain in it, and it was hard. On that day the patient consulted a doctor, who treated the swelling with ice-bags, but without relief, and she vomited frequently on and after May 7th, on which day her bowels were last opened, though she continued to pass flatus up to the time of her admission. On admission she had a swelling the size of a hen's egg, below and outside the right spine of the pubis, and it was hard and irreducible. This, in conjunction with the vomiting and the fact that she had passed nothing but flatus during the past forty-eight hours, suggested the diagnosis of strangulated femoral hernia, and she was at once prepared for operation. At the time, her pulse was 96, temperature subnormal, and respirations 28. Her abdomen, though tender in the region of the hernia, was otherwise normal. There was no evidence at the time of abdominal rigidity by pernisthesia and distension, which, if they had been present, they would have suggested peritonitis.

It is always important to consider, in regard to these common affections, what mistakes you are likely to make; and without going into all the errors which the books mention, I may tell you of mistakes I have seen made in the wards in the diagnosis of femoral hernia.

I remember, as a dresser, two cases which were admitted in one take-in. One was operated on as a case of inflamed inguinal glands, and was found to be a femoral hernia: the other was operated upon as femoral hernia and proved to be an enlarged inguinal gland. Now, if competent observers make this mistake twice in a week, the diagnosis of strangulated femoral hernia is obviously a difficulty which we must all appreciate and endeavour to overcome. As a strangulated hernia is no longer reducible and the impulse on coughing is lost, the most likely thing to confuse it with is an enlarged inguinal gland; that is one of the uppermost glands in the femoral or vertical set. The most likely cause of such enlargement of a femoral gland will be some sore place, or a septic wound in the leg, in the area drained by the long saphenous vein.

Another thing which may be confused with a femoral hernia is a saphena varix. I operated upon an old woman who had a swelling in Scarpa's triangle. I do not think it was immediately over the saphenous opening, but was about an inch below it. She had no varicose veins in the lower part of the thigh or in the leg. The swelling was soft and well-defined, and was reducible when she lay down, and gave an impulse on coughing. Whereas you would be inclined to confuse a hard, tender, inflamed, solid-feeling lymphatic gland with an irreducible or strangulated hernia, a saphena varix might be mistaken for a reducible hernia, not a strangulated one, which, perhaps, it is not so dangerous a mistake to make. It must be pointed out that a saphena varix is not in quite the position of femoral hernia. The varix is rather lower, and does not tend to override Poupart's ligament, and in my case this was true; yet until the operation I thought it was a femoral hernia, mainly because she had no other enlarged veins in the thigh or leg.

A third case in which I remember doubts were expressed as to whether the condition might be one of irreducible femoral hernia was an enlarged ilio-psoas bursa. Beneath the psoas there is a bursa, which often communicates with the hip-joint through an opening below the two parts of the Y-shaped ligament of Bigelow; and this bursa is sometimes enlarged in association with disease of the hip-joint, producing what is called a Morrant Baker's cyst. As a rule, these

enlargements of the ilio-psoas bursa push the femoral vessels inwards, whereas a femoral hernia is always inside the vessels which are pushed outwards.

The books call attention to one or two other conditions with which femoral hernia might be confused, but the only one of them which I consider important is a psoas abscess passing downwards behind Poupart's ligament, external to the femoral vessels, and then passing behind them, so as to point just to their inner side. I have never had personal experience of this difficulty. Finally, there is the diagnosis of femoral from inguinal hernia, which though not vital from the point of view of treatment, yet clinically is worth attention. I believe that this is much more difficult than many people would be inclined to admit. You know the ordinary test is the relationship of the neck of the sac to the pubic spine. If the neck of the sac is above and inside the pubic spine, the hernia is inguinal; but if the neck of the swelling or sac is below and outside the pubic spine, then the hernia is femoral. However, in fat patients it is sometimes extremely difficult to make this differentiation, and especially is it so if the less common direct form of inguinal hernia is present. The practical importance of diagnosing femoral from inguinal hernia is not great, provided you recognise the condition as one of hernia.

Now to proceed with the history of our case. She was at once taken into the theatre and an operation was performed. An incision three or four inches long was made above and parallel to the inner half of Poupart's ligament, just as if the ordinary operation for the radical cure of inguinal hernia were going to be done. The external oblique aponeurosis having been slit up from the external abdominal ring upwards and outwards, the conjoint tendon was exposed. Then the lower margin of the conjoint tendon was defined, and passing under the arch which it forms, was seen the neck of the femoral hernia.

Let me remind you by a diagram that the fibres of the conjoint tendon which arise from Poupart's ligament arch inwards to be inserted into the ilio-pectineal line, behind Gimbernat's ligament and in front of the transversalis fascia and the peritoneum. A vertical slit was now made in the neck of the sac, above the point at which it passed through the crural ring, which was now exposed from an aspect which I think one is not familiar with in the dissecting room. Having made a longitudinal incision in the neck of the sac, and so cutting through parietal peritoneum, sub-peritoneal fat, and transversalis fascia, the bowel was lifted out so that we might examine the neck of the hernia, *i.e.*, that portion of the bowel which had been constricted by the crural ring, formed internally by the sharp outer crescentic margin of Gimbernat's ligament.

The report goes on to say that as the sac was opened some brownish fluid escaped. There was much adherent omentum in the sac, and this could not be easily peeled off, so a ligature was put round the base of the omentum and the mass having been cut off the base was returned into the abdomen, while the rest of the omentum, which passed into and was adherent to the wall of the sac, was removed with the sac itself. You will remember that it was suggested that the portion of the hernial contents which the patient could not reduce was adherent omentum, and this, I think, proved to be correct.

The loop of small intestine, which had been lifted out of the sac at an earlier stage of the operation, was now carefully examined, and was of a dark red colour; its peritoneal surface was shiny and smooth, and showed no signs of sloughing. This loop of bowel was brought out of the wound, and I tried to demonstrate at the time why this bowel should be returned into the abdomen, and gave my reasons for believing the bowel would recover. I impress upon you now the reason why I took this course, because I was wrong. The loop was of a dark purple colour, the surface was glazed and shiny and showed no signs of a slough. But at one point where the bowel had been constricted at the neck of the hernia there was a narrow, pale line where the bowel wall had been so pinched as to be deprived of its vascular supply. Just at this spot the lumen of the bowel which was dilated above and in the loop, was much narrowed. Probably owing to pressure of intestinal contents the effects of strangulation act chiefly on the coil of intestine as it enters rather than as it leaves a hernial sac, and so it was on the entering loop that this small pale area was found, and to it we paid much attention. The constriction was relieved by manipulation and the bowel was washed over with normal saline solution at a temperature of 110°. The colour of the loop immediately improved and became less dark, and it was returned into the abdomen, and it did not even seem necessary fo invaginate the small damaged area with a row of Lembert's sutures. A radical cure was carried out to prevent the hernia recurring.

Nothing particular happened until twelve days after the operation; her pulse, which immediately after the operation was 96, returned to

normal—64 to 70—and her temperature was quite satisfactory, and sickness ceased. The wound healed by primary union, but twelve days after operation the clerk remarks—having previously said she was doing well and that her bowels were regular—that patient is not quite so well, and to-day has been vomiting; she has pains across the abdomen; after an enema last night her bowels were opened. On the following day her pulse was 100, tongue dry, pulse feeble, abdomen rigid and tender. When I saw her on May 22nd, I found the lower part of the abdomen somewhat full and rather rigid, her pulse was 126, her tongue was dry, and she had vomited four times in the preceding twenty-four hours. It was not difficult to come to the conclusion that she had peritonitis. It seemed probable that the little grey area which I had demonstrated so carefully and thought would recover, had further inflamed and then necrosed, and leakage had taken place from the small intestine into her general peritoneal cavity. The bowel had then become adherent near where the hernia originally was, and the lower half of the peritoneum had become infected by a diffuse peritonitis.

The abdomen was opened in the middle line, and flatus and pea-soup-like material came out. I passed my hand down to where the hernia had been and found a loop of small bowel adherent to the abdominal wall. This was drawn up into the wound, and immediately the intestinal contents gushed out through a small hole. The patient, who was elderly, was now rather bad, for by the time she was operated upon a second time she had been ill forty-eight hours, and for eighteen hours her pulse had been over 120; so all I felt justified in doing was to leave this loop of small intestine, which was ruptured, outside her abdomen and into that end of it which clearly led to the stomach a Paul's tube was tied, with a purse-string suture of catgut, and the abdominal wound was partly sewn up. Since that date she has been going on more or less satisfactorily. Her intestine has now for the past three weeks been drained through an artificial anus on to the front of the abdominal wall, and for such a feeble old woman, who it was thought would die within twenty-four hours of the second operation, she has done very well. Some day soon the piece of bowel which contains the artificial anus must be resected and the continuity of the intestinal canal restored by a lateral anastomosis.*

*After recovering from the effects of the peritonitis and progressing fairly well for some two weeks, the patient began to waste, and on June 24th the abdomen was again opened and about 18 inches of bowel, including the artificial anus, were resected. The cut ends of the bowel were closed, and a lateral anastomosis was carried out. The artificial anus was found to have been high up in the jejunum. The patient died a few days later.

One might approach this case from many points of view, but at first I want to draw your attention to a few details in the treatment of strangulated hernia. In cases of strangulated hernia, I think there is a consensus of modern surgical opinion that taxis should very rarely be adopted. Further, forcible replacement of the hernia into the abdomen, either with or without an anæsthetic, is never justifiable in femoral hernia, and I doubt whether it is ever justifiable in any form of hernia which has been irreducible for twenty-four hours. It is never wise to adopt taxis unless there are very grave indications against immediate operation. I think there are only two classes of cases in which taxis is ever reasonably safe. One is a large scrotal hernia of long standing in an aged and feeble subject who had chest complications, such as bronchitis, and that partly because large scrotal herniæ are, as a rule, easily reducible, and the other is a similar hernia in a marasmic feeble infant, which has recently become irreducible. In doing taxis in femoral hernia there is great risk of rupture of the bowel.

If the patient can be operated upon, it may be done either with a general anæsthetic, under a local anæsthetic or with spinal anæsthesia, and the last is peculiarly valuable in these cases if the state of the patient does not permit of a general anæsthetic.

Having reached the stage in an operation at which the sac of the hernia is opened, and you are face to face with a loop of bowel, you have to decide whether you will return it. The following are the chief data on which you will found your opinion.

Clear fluid in a hernial sac is generally of recent formation. If it is dark and blood-stained it has been there some time. The prognosis is much more evil if the fluid smells, as this means that the bowel wall is so injured that the *Bacillus coli* had passed out through the intestine into the fluid in the sac.

After the constriction has been completely relieved, if the purple congestion of the bowel subsides and the bowel soon contracts under the influence of warm normal saline solution, no doubt the bowel may be safely returned into the

abdomen. If, however, the loop of bowel remains flaccid and œdematous, remember that the changes towards gangrene will be most marked at the constricted parts, and of those constricted parts, chiefly at the upper, and so, if the loop still remains unsatisfactory, it cannot be returned.

Leaving this, let us consider the best method of procedure when it has been decided that the bowel cannot be returned to the abdomen If the bowel is threatening to or has become gangrenous it should be removed, assuming that the patient can stand the operation; but I think that only very rarely is it wise to do this at the first operation, and to restore the intestinal canal by the somewhat lengthy operation of uniting the bowel above to the bowel below. It is better to have the gangrenous loop outside the abdomen, and having opened the intestine above the seat of the hernia, to put in a Paul's tube, and drain the bowel by means of this for at least a week. So far, during the last five years, I have operated upon six cases of strangulated hernia in which I have resected the bowel, and I remember four of these patients died. The general belief is that immediate resection of intestine for strangulated hernia, as for any other variety of acute intestinal obstruction, has so large a mortality as to render it undesirable. The essential point in the presence of acute obstruction is to drain the bowel above the strangulation, and that whether the cause is strangulated external hernia, volvulus intussusception, or other type of acute intestinal obstruction. It is not a counsel of perfection, because, to do an enterectomy, to then restore the continuity of the bowel, by end-to-end or, better, by lateral anastomosis, is most fascinating, but it is not usually good surgery, though it is very satisfactory when it has occasionally been successful.

The proper thing, in the circumstances, is to leave the enterectomy until a later date, meanwhile tying a Paul's tube into the wound. In any bad case one would be wise to do what we were forced to do with this woman two weeks after the herniotomy operation, namely, drain the bowel and produce an artificial anus.

But if in any case of acute obstruction you do resect a gangrenous loop of intestine, you ought at the same time to drain the bowel above the enterectomy. Having performed your enterectomy, a small separate incision should be made into the bowel above the anastomosis, and the end of a rubber drainage tube about two yards long should be passed in, so to allow the contents to pass out by this tube into a vessel under the table. The hole and the drainage tube need be only just large enough to allow flatus and liquid contents to pass out, and the distended bowel at once will begin to collapse. By pushing your drainage tube further up the bowel, the contents of the upper loops are similarly evacuated.

It is common surgical experience that many patients suffering from strangulated bowel, who do not seem at the time of the operation to be particularly ill, and who stand the operation fairly well, die three or four days later. This is due to the continuance of the condition of stercoræmia, which is a general toxæmia due to intestinal paralysis and absorption from the interior of the bowel; hence the object of immediately getting rid of the intestinal contents above the strangulation, by immediately instituting drainage. In other conditions producing intestinal paralysis one is struck by the fact that most of those patients whose bowels act freely after the operation get well, and the majority of those whose bowels do not act certainly die. So that another point in the treatment which, when necessary, can be carried out at the original operation, is the injection of some purgative into the bowel above the point at which obstruction has existed. A very useful drug to get rid of these putrifying intestinal contents is a saturated solution of magnesium sulphate, of which two ounces is easily introduced through an antitoxin syringe.

The last point I wish to refer to to-day is the radical cure of femoral hernia. The operation which seems to me most satisfactory is that of which I began to give you the details in connection with this case; *i.e.*, a skin incision is made parallel with and above the inner half of Poupart's ligament. The external oblique aponeurosis is split up from the external abdominal ring for about three inches, and the lower margin of the conjoined tendon is defined; below this the neck of the femoral hernia above Poupart's ligament is exposed, and having ligatured off the neck of the sac just where it is coming away from the peritoneum, the arching fibres of the conjoint tendon are drawn down to Cooper's ligament by three or more catgut sutures, introduced on a fully curved needle. The external oblique aponeurosis and the skin are then satured.

By suturing the conjoint tendon down to Cooper's ligament, the further descent of a hernia into the femoral opening is prevented, as efficient protection is obtained at the upper end of the femoral canal. This operation, introduced by Lotheissen in May, 1898, and indepen-

dently described by Parry (*Brit. Med. Journ.*, October, 1901), is clearly founded on a sound basis, because it closes the upper end of the femoral canal, whereas the ordinary radical cure does not do so.

In dealing with a strangulated case, it has the further advantage that it enables you to examine the neck of the hernia, which it is sometimes difficult to do satisfactorily in the old operation, and also if intestinal resection is necessary it can be immediately carried out without prolonging the incision through Poupart's ligament or making a second in the abdominal wall. Again an abnormal obliterator artery is at once seen and can be easily avoided.

The only point in the operation requiring special care is in the introduction of the most external suture, and the femoral vein should be pulled outwards with a retractor, so that when you are passing your needle through Cooper's ligament you may not injure the upper portion of the femoral vein. I have carried it out in seven or eight other cases of femoral hernia in adults, two of these were recurrences after operation by the usual method. You will readily appreciate that it is more easily carried out in females than in males, where the cord is rather apt to get in the way, and so it is perhaps fortunate that femoral hernia is very much more common in women than in men.

As yet I have had no opportunity of seeing the ultimate result of these operations, as they have all been operated on in the last two years, but in the case which has been my text to-day, when the abdomen was opened a fortnight after the original operation, I passed my hand down to the cervical ring, and the abdominal wall seemed quite strong at that spot. In another female patient I operated for subacute appendicitis six weeks after a radical cure of femoral hernia by this method, when we were able to see that the condition from the abdominal aspect was entirely satisfactory.

Books received.—Allbutt & Rolleston's System of Medicine, new edition, vol. iii.; Starling's Physiology, 1907; Howell's Physiology, 1907; von Noorden's Metabolism and Practical Medicine; Muir & Ritchie's Bacteriology, 1907; Jacobson & Rowlands' The Operations of Surgery; Russell's The Reduction of Cancer; Bunge's Organic Chemistry; Paton's Human Physiology; Hopewell Smith's The Histology and Patho-Histology of the Teeth and Associated Parts, in two parts; British Journal of Obstetrics; Gaceta Medica de Costa Rica; New York State Journal of Medicine; Jahrbücher der Hamburgischen Staatskrankenanstalten for 1906; The New Zealand Medical Journal; The Homœopathic Review for Nov., 1907; The Prescriber, Nov., 1907.

Notices.

School Examinations for the Final Conjoint Examination, January, 1908. These will be held in the Committee Room, Medical School Office, as follows:—Medicine, 4th November; Midwifery, 5th November; Surgery, 6th November, from 10 a.m. to 1 p.m.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, AND THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following are the dates on which the Examinations will commence in the year 1908:—

First Examination.—*Chemistry & Physics, Tuesday, January 7th; Monday, March 23rd; Monday, July 20th; Tuesday, September 29th. Biology, Wednesday, January, 8th; Tuesday, March 24th; Tuesday, July 21st; Wednesday, September 30th. Practical Pharmacy, Thursdays, January 16th, April 2nd, July 23rd, October 8th.

Second Examination.–Physiology, Thursdays, January 2nd, March 26th, July 2nd, October 1st. Anatomy, Fridays, January 3rd, March 27th, July 3rd, October 2nd.

Third or Final Examination.—Medicine (1st Paper), Tuesdays, January 14th, March 31st, July 7th, October 6th. Medicine (2nd Paper), Wednesdays, January 15th, April 1st, July 8th, October 7th. Midwifery, Thursdays, January 16th, April 2nd, July 9th, October 8th. Surgery, Fridays, January 17th, April 3rd, July 10th, October 9th. (Practical Pharmacy, see First Examination).

*The Examination in Practical Chemistry will be held on Friday, January 10th; Thursday, March 26th; Friday, July 24th; Friday, October 2nd.

FREDERIC G. HALLETT, Secretary.

UNIVERSITY OF CAMBRIDGE.

Examinations for Medical and Surgical Degrees. Michaelmas Term, 1907.

Plan of Examinations (subject to alteration in details, of which due notice will be given):—

First Examination.—Part I. (Chemistry and Physics). Monday, December 9th, 10 a.m. to 12 m., Mechanics, Hydrostatics and Heat; 2 to 5 p.m., Chemistry. Tuesday, December 10th, 10 a.m. to 12 m., Electricity and Optics; 2 to 5 p.m., Practical Chemistry and Oral Examination in Chemistry (in the University Laboratory); 2 to 4 p.m., Practical Physics and Oral (in the Cavendish Laboratory), Div. I. Wednesday, December 11th, 10 a.m. to 1 p.m., Practical Chemistry and Oral Examination in Chemistry; 10 a.m. to 12 m., Practical Physics and Oral (in the Cavendish Laboratory), Div. II.; 2 to 4 p.m., Practical Physics and Oral (in the Cavendish Laboratory), Div. III. Thursday, December 12th, 10 a.m., Oral Examination in Chemistry and Practical Physics continued, if required.

Friday, December 13th, 10 a.m., Oral Examination in Chemistry and Physics continued, if required.

Part II. (Elementary Biology). Wednesday, December 11th, 2 to 5 p.m., Elementary Biology; Friday, December 13th, 9 a.m. to 12 m., Oral and Practical Examination in Elementary Biology (in the Biological Laboratory).

SECOND EXAMINATION.—(Human Anatomy and Physiology.) Monday, December 9th, 9 a.m., to 12 m., Human Anatomy I.; 1 to 4 p.m., Human Anatomy II. Tuesday, December 10th, 9 a.m. to 12 m., Physiology I.; 1 to 4 p.m., Physiology II. Saturday, December 14th, 9 a.m., Section A, Practical and Oral Examination in Physiology (*in the Physiological Laboratory*); 9 a.m., Section B, Practical and Oral Examination in Anatomy (in the Anatomical School). Monday, December 16th, 9 a.m., Section A, Practical and Oral Examination in Anatomy (in the Anatomical School); 9 a.m., Section B, Practical and Oral Examination in Physiology (in the Physiological Laboratory).

THIRD EXAMINATION.—Part I. (Pharmacology and General Pathology.) Monday, December 9th, 9 a.m. to 12 m., Pharmacology (Paper); 2 to 5 p.m., General Pathology (Paper). Thursday, December 12th, 2 p.m., Pharmaceutical Chemistry (Oral and Practical) in the Chemical Laboratory. Friday, December 13th, 9 a.m. to 12 m., Oral and Practical Examinations in Pharmacology and in General Pathology (in the Medical Schools). Saturday, December 14th, 2 p.m., Oral and Practical Examinations in Pharmacology and in General Pathology (in the Medical Schools). Cards with details of Practical and Oral Examinations in Pharmacology and Generaly Pathology to be distributed at Written Examinations.

The names of candidates for these Examinations must be sent to the Registrary (through the Prælectors of their respective Colleges) on or before Saturday, 23rd November.

It is requested that the names may be written on the Forms sent to the Prælectors.

The certificates of candidates, accompanied by their postal addresses, must be sent to the Registrary on or before Wednesday, 4th December.

The fees for each Examination must be paid to the Registrary when the certificates are sent in. The fee is £3 3s. for the first Part of the Third Examination,* £2 2s. for the Second Examination and for *each part* of the First.

Any candidate whose name has not been sent in before Tuesday, 3rd December, and whose certificates and fees have not been received on Wednesday 4th December, is liable to pay an additional fee of £1 if he be nevertheless admitted to the Examination.

Part II. (1) Surgery, (2) Midwifery, (3) Medicine.—Tuesday, December 10th, 9 a.m. to 12 m., Principles and Practice of Surgery (1); 2 to 5 p.m., Principles and Practice of Physic I. (3). Wednesday, December 11th, 9 a.m. to 12 m., Midwifery (2); 2 to 5 p.m., Principles and Practice of Physic II. (including Special Pathology and Elements of Hygiene) (3). Thursday, December 12th, 9 a.m. to 12 m., Principles and Practice of Physic III. (including Medical Jurisprudence) (3). Friday, December 13th, Saturday, December 14th, Monday, December 16th, Practical, Clinical and Oral Examinations in Surgery (1). (Cards with details will be distributed at the written examination.) Saturday, December 14th, Monday, December 16th, Oral Examination in Midwifery and Diseases of Women (2). (Details will be posted in the Room at the written examination.) Tuesday, December 17th, 10 a.m., Clinical Examination in Medicine (at the Hospital) (3); 2.30 p.m., Morbid Anatomy, Microscopical Specimens, and Oral Examination (at the Medical School) (3). Wednesday, December 18th, 10 a.m., Clinical Examination in Medicine (at the Hospital) (3); 2.30 p.m., Morbid Anatomy, Therapeutics and Prescriptions, and Oral Examination in Medicine (at the Medical School) (3). Thursday, December 19th, 10 a.m., Clinical Examination in Medicine (at the Hospital) (3).

M.C. EXAMINATION.—Thursday, December 12th, 9 a.m., Written examination. Friday, December 13th, and Saturday, December 14th, Practical, Clinical and Oral Examinations. (Details will be announced at the written examination.)

The names of candidates for these Examinations should be sent to the Registrary on or before Saturday, 23rd November. Candidates who are members of the Senate may send their names to the Registrary direct. All other names must be sent through the Prælectors of the respective Colleges.

Forms will be sent to the Prælectors, on which it is requested that the names of the candidates, with the sections for which they enter, may be written.

The certificates of candidates, accompanied by their postal addresses, must be sent to the Registrary on or before Thursday, 5th December.

The fees for each Examination must be paid to the Registrary when the certificates are sent in. The fee is £3 3s. for the Third Examination, Part II.; but for candidates who passed both parts of the Second Examination before 1st January, 1900, it is £2 2s.

The fee for the Examination for the degree of M.C. is £3 3s.

Any candidate whose name has not been sent in before Wednesday, 4th December, and whose certificates and fees have not been received on Thursday, 5th December, is liable to pay an additional fee of £1 if he be nevertheless admitted to the Examination.

* Candidates who have passed both parts of the Second Examination before 1st January, 1900, pay £2 2s.

ROYAL COLLEGE OF PHYSICIANS, 1907.

The following Lectures will be delivered at the College, Pall Mall East, on each of the following Tuesdays and Thursdays, at 5 o'clock:—

BRADSHAW LECTURE. — Sir James Barr, M.D., November 5th: "The Pleuræ; Pleural Effusion and its Treatment."

FITZ-PATRICK LECTURES.* — Dr. Leonard Guthrie, December 3rd, 5th: "Contributions from History and Literature to the study of Precocity in Children."

By order of the President,
W. FLEMING, Bedell & Secretary.

* The Fitz-Patrick Lectures previously announced for November have been unavoidably withdrawn, to be replaced by these in December.

Dental News.

THE following cases of interest recently attended the Dental Out-Patients:—

CASE 1.—Patient, male, æt. 63, attended Dental Out-Patients and complained of "matter" constantly discharging into his mouth through a small sinus leading from a swelling on the right side of the lower jaw.

Condition on attending Out-Patients.—Small, hard, non-fluctuating, painless swelling on right side of mandible, expanding both inner and outer plates of the bone about in region of mental foramen. The lower jaw was quite edentulous, all the teeth having fallen out at different times, only one having been extracted. A small sinus was pointing on the middle line of the gum, from which pus could be made to ooze on applying pressure to the swelling. On passing a sharp probe into the sinus a hard object could be felt which might be either very hard necrosed bone or enamel.

History.—Swelling first noticed three months previous to application at hospital. Swelling only noticed when pus began to discharge into mouth. (Patient has a beard, so this may account for the swelling not having been noticed before.) No pain ever experienced, and no history of blow at any time. Last tooth was lost three years previously. Patient had had numerous mercurial teething powders when about six years of age, although this probably has no bearing on the case. The diagnosis was either an odontome of some description or an unerupted tooth. A skiagraph was obtained which clearly showed the presence of a tooth, probably a bicuspid, but not quite of a normal shape, surrounded by an abscess cavity. It was decided to remove the tooth under an anæsthetic.

Operation.—Nitrous oxide gas was administered, and an incision was made in the gum over the swelling, and the tooth was then removed with a pair of lower root forceps, and the cavity was scraped. The tooth was found to be a bicuspid of a somewhat abnormal shape, and covered with a layer of nodulated serumal calculus, derived from the pus in which it had been lying; the tooth showed signs of absorption at the apex. The socket was packed with iodoform gauze and aristol, the dressing being changed daily till a healthy granulating surface was obtained. The patient lost all sense of feeling in the lower lip on the right side of the mouth, owing to the inferior dental nerve being injured during the operation. The final diagnosis was one of an unerupted tooth causing suppuration.

CASE 2.—Patient, female, æt. 39, came to Dental Out-Patients complaining of pus oozing from small sinus on gum of lower jaw, which was edentulous, and troublesome enough to prevent her wearing her lower denture. There was no swelling, but the discharge had been going on for some months. There was a history of extractions clumsily performed some years previously. On a skiagraph being obtained, a root was disclosed surrounded by an abscess cavity. A local injection of $\frac{1}{6}$ gr. cocaine hydrochloride and $\frac{1}{300}$ gr. adrenalin chloride in 20 m.m. distilled water was successfully employed as a local anæsthetic, and the root was painlessly removed. The above local anæsthetic is being constantly used in the Dental Department with remarkably successful results.

The Contemporaries' Club.

THE Eleventh Annual Dinner of the Contemporaries' Club will be held at the Trocadero Restaurant, on Wednesday, November 27th, at 7.30 p.m. A meeting will be held at 7 p.m. for the purpose of electing a Vice-President. Members intending to be present are requested to notify either of the Hon. Secs. of their intention, and of the number of their guests, if any, on or before Monday, November 25th. The cost of the Dinner will be Seven Shillings and Sixpence.

Hon. Secs.:—
LAWRIE McGAVIN, Esq., F.R.C.S.,
6, Mansfield Street, W.
ERNEST B. DOWSETT, Esq., M.R.C.S., L.D.S.,
1, Gloucester Street, Portman Square, W.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

Guy's Hospital Rifle Association.

DEAR SIR,—May I crave space to draw attention to the report of the Annual General Meeting of the above which appears elsewhere in your pages? The meeting decided that the Sub-Committee should endeavour to find out to what extent a miniature range would be used if erected at Honor Oak. With this end in view it was suggested that I should, through your columns, invite men to express their opinion on the scheme, and I shall be very grateful if they will do so by letter to me or one of the other members of the Sub-Committee. As we do not want to be inundated with epistles on the subject, we beg that, where possible, one man will write and express the opinion of his own circle of friends, with any suggestions which they may make. Thanking you in anticipation, I am, etc.

HAL J. HENDERSON.

Guy's Hospital, S.E.
November 1st, 1907.

In Lighter Vein.

THE INVASION OF 190– (?)

SCENE I.—*The House of Comrades. The Terrace.*

Enter TWO MEMBERS.

1st M.P.: Say, Bill, do you know that the 'orspitals are still under no public control, and that we've forgotten about them in all this good work we've been doing?

2nd M.P.: Freedom for the people! I never thought of them. Matters like these should be done promptly. We'd better go in and pass a bill at once.

[*They go in and pass a bill. Twenty-four hours elapse.*]

SCENE II.—*A London Hospital.*

Enter THE TWO MEMBERS.

Porter at Lodge: 'Ere! Where are you going?

1st M.P.: Where are we going? That's a nice way to speak to Members of Parliament, mate. We're just going to inspect the 'orspital, if you want to know.

Porter: Oh, are yer? Well, you can come and inspect it on Wednesday afternoon, then, that's visiting day.

2nd M.P.: Freedom for the people! We're Members of Parliament, and we control the 'orspitals now.

Porter: Oh, you control the Hospital, do you? Perhaps you'd like to see the Superintendent, then?

2nd M.P.: Yus, we should.

Porter: Well, you can't see him now; call again to-morrow morning.

1st M.P.: Why can't we see him now?

Porter: Because he ain't 'ere, see. He's in his wards.

2nd M.P.: What, is he a doctor?

Porter: I should say so!

2nd M.P.: D' y'ear that, Elf? One man with two jobs! Freedom for the people! As though a doctor could manage a great place like this! It's a good job we came.

1st M.P.: I've been secretary of five trade unions for twenty years, and I never heard of such a thing. Let's go on.

[*They move on upstairs and enter a Theatre. Eminent Surgeon is doing a colectomy.*]

Eminent Surgeon (*looking up*): Oh, have you come to see the operation? I'm afraid it is not very interesting.

1st M.P.: Yussir,—(*with effort*) I mean, yus! We've come to inspect the 'orspital.

Em. Surg.: Would you very much mind putting on sterilised overalls? Then you could come much closer, couldn't you?

2nd M.P.: Oh, it's all right; my clothes won't spoil. (*Comes closer.*) Er—what are you doing? (*Catches sight of the patient.*) Freedom for the ——! (*faints*).

1st M.P. (*spitting on the floor*): What's the matter, Bill? (*Tries to help him up.*)

2nd M.P.: Nothing (*faintly*). I've dropped my pipe somewhere.

[*1st M.P. stands up, sees the operation and chokes.*]

1st M.P.: And I've left mine outside somewhere. Er—— good afternoon, doctors and gentlemen all!

Em. Surg.: Good afternoon (*exeunt M.P.'s*). Some clean towels, please. It's rather a pity to be interrupted, isn't it?

SCENE III.—*London Bridge.*

Enter TWO M.P.'s.

1st M.P.: Feel better, Bill?

2nd M.P. (*wiping his sleeve on his beard*): A little.

1st M.P.: Between you and I, I don't think the 'orspitals could be better arranged, do you? And they are very polite and genteel there.

2nd M.P.: Freedom for the people! I'm sure the doctors understand everything. (*Whispering.*) D'y'know, Elf, I almost felt as though I were interfering. But of course, one man one job is what we say; and the doctor's job is the 'orspitals.

(End of the Invasion.)

SCARE-CROW.

Guy's Physiological Society.

A meeting was held on October 21st, Mr. Laidlaw occupying the chair. A paper was read by Mr. E. G. Schlesinger on "Theories of the Functions of the Cerebellum." The paper commenced with a survey of some of the interesting and highly-imaginative theories of the earlier philosophers from the time of Galen. The pioneer of experimental cerebellar physiology was Flourens, who came to the conclusion that the cerebellum was the seat for co-ordinating muscular movements. The general results of extirpation were described. The interpretation of these results rather than the actual experimental data have been the cause of subsequent divergence of opinion. Thus Luciani maintained that the observed effects were due to defective force in the muscles, lack of tone, incomplete fusion of the single contractions, and to a trophic action on the contralateral Rolandic area. Amongst the experiments and conclusions of later physiologists, those of Ferrier are especially worthy of note. He considers that the chief function of the cerebellum is to maintain the equilibrium of the body; this view has been supported by many other workers.

Dr. Hughlings Jackson writes that "the cerebellum is the centre for continuous movements and the cerebrum for changing movements," a theory which has been fully substantiated by the experimental work of Sir Victor Horsley and others. Certain of these experiments were considered in detail; the most important results were obtained by a study of experimental epileptic convulsions. Further, Horsley has found that the efferent centres of the cerebellum are the intrinsic and paracerebellar nuclei; the cortex cerebelli is an afferent receptive centre from which axones pass to these nuclei. After a brief review of the clinical evidence, the author gave his conclusions:

1. The cerebellum is an extremely complex organ for the carrying out of the reflex movements necessary for the maintenance of equilibrium.

2. It restrains and excites the activity of the higher motor centres.

3. It is specifically concerned in continuous movements, such as locomotion.

4. It is functional in maintaining the tone of the muscles, and therefore perhaps in maintaining the body temperature.

The discussion which followed was of a somewhat lively nature, and although the general scientific knowledge of the present day may not have been advanced to any extent thereby, apparently much was added to the stores of individual knowledge; indeed, one gentleman at least went home the wiser from having discovered that the cerebellum is situated in the hind part of the cranium.

On Talking Shop.

TALKING shop may be always safely condemned. In general, the man who talks shop perennially is one to be strenuously avoided. He is not usually difficult to spot. It is a safe rule to make that the man who is always talking is either invariably or never talking shop, and when once one has heard him one mostly never forgets him.

He starts early in his first year, and divides his attention between the atomic theory and πr^2 for nearly twelve months. He is the terror of the smoking-room, and can clear a space round him in less than five minutes. If you are lucky, you may get away, but should you be the poor unfortunate single individual remaining, you are at his mercy for an indefinite time. Fortunately you probably know he allows himself but one exact half-hour in which to smoke, and with an inward squirm you resignedly lean back and try to appear to listen attentively.

"I had an extraordinary frog this morning," he begins. "Porker says they are getting very common, and are a sign of degeneration of the species. On one side he was a frog, and on the other a toad . . ," and so forth. He pauses for breath occasionally, but from experience he knows that it may lose him the thread of his discourse, and so usually he punctuates his interminable sentences with an emphatic "and," followed by two puffs of smoke. How can you stop him? If you know him only slightly, you may take advantage of one of these milestones on the road to Babel by interjecting a remark about the football team. "Quite so, quite so; splendid!" he says, and then he begins on $\frac{1}{2}$ ft^2, or possibly the frog again.

He is seldom sleepy, and listens attentively to others when or where he cannot speak himself. He has many acquaintances, but very rarely a friend. A large number of his acquaintanceships terminate after a day or two. Yet he is never alone. He will espy you from half a mile and be by your side breathless and panting in three minutes, yet with a second wind of inexhaustible criticisms on A.'s dissection of a rabbit, or B.'s views on the uselessness of physics.

"How absurd!" he remarks in a final manner, "to say physics is of no use to a medical man! How are we to judge of the circulation of the blood, if we are ignorant of the effect of gravity on fluids?" I mildly suggest that blood gets into our heads somehow besides by the action of gravity. It stumps him for a moment, and he looks annoyed at being interrupted. "The heart's action hardly enters into the subject of physics," he then remarks, ironically, after a pause. And to my surprise he walks away.

It is when he gets into his second and third years that he is at his best, however. The dissecting room gives him many, but the physiological department affords such chances as he never will obtain again. This is the time to avoid him altogether, unless you have such a strong sense of humour as must be almost inexistent. Proteoses and albumoses are his great subject, and, of course, internal secretions of all kinds. Veratrine and nicotine he talks of as familiarly as though they were kept in decanters. About this time he tries to prepare pure nicotine from gold-flake cigarettes, and applies the infusion he has made to the heart of a pithed frog. He revels in tracings on smoked paper, many of which are securely fastened by varnish to the interior of his breast pockets. He brings out packs of them in the smoking-room and discusses them long and loudly. He confides to his friends that he means to "go in for physiology," but supposes he ought to get qualified first, because the lecturer and demonstrators are. At the Physiological Society he always rises first after the paper has been read, and, remaining till the end, quarrels with the reader of the paper after the meeting has closed. About this time he first hears of bacteriology, and cures cancer again and again in his simpler and more thoughtful moods.

In the wards he is, of course, the same as ever. He always remembers his physiology when others have forgotten it; he applies it to all his medical cases, and gets quietly snubbed by registrars and others. But what availeth a snub with a talker of shop?

This is the man who talks shop because he must; he could no more easily leave it off than cease to breathe. But there are others. There is the horror who only talks shop in railway carriages. He invariably has a loud voice. Not infrequently, in his younger days, he will produce bones from his pockets. Not only to his hospital friends, but to others he knows, does he shout technical terms, from the time he enters the carriage till he arrives at London Bridge. There he stops, and never speaks again of his work until the evening. To my mind he is the worst type of offender. If he ever gives his nefarious practice up, it is often on account of some layman in the carriage who, in the quietest way possible, causes him to blush and never do it again.

There are, of course, a hundred other subdivisions of shop-talkers; they nearly all die young. Shop-talking is seldom lasting, except in the predisposed; in all others it runs a short acute course and disappears, without relapses, and leaving no bad effects. But in those who have what may be called a congenital tendency, well—a school-girl could tell you it is chronic!

"A Devoted Nurse."

In a massive canopied bed the old earl lay dying. He had been unconscious for several hours, and the members of his family—his nephews and nieces—had withdrawn for reasons easily understood by the sight of a vaporizer at the bedside, emitting the combined odour of carbolic acid and eucalyptus. Science, having failed to cure, seemed to be imitating the last efforts of the skunk in a final demonstration of her powers. Not quite alone was the old peer. A pale-faced nurse, with large, dreamy eyes, sat before a small table at the foot of the bed. A sheet of notepaper lay on a red blotting-pad, and on it, as yet, was written but a single word, "Darling." This was all, although the writer had sat with pen in hand for upwards of a quarter of an hour. From time to time the nurse tried to continue her letter, but as her pen touched the paper the words seemed to fail, and the single term of endearment alone stood out as an embodiment of her thoughts. At last, as though the result of a supreme effort, the pen began to move once more.

"You will never know," she wrote, "what I feel to-night sitting beside a dying man. I feel as if all my happiness is passing away with his breath. He is nothing to me—nothing—only an old man going to his rest at last. But I feel the presence of death, and I know that my day-dream is over and that to-morrow will put an end to all. You do right to marry, no doubt—"

Some change in the breathing of the dying man made her pause. She got up quickly and quietly with the trained instinct of the nurse and went to the bedside. There seemed nothing different. She waited a minute before returning to her letter. His lordship's cyanosed lips were puffed out with each expiration, and beads of perspiration showed upon his fine Homer-like brow. Once more the thin, blue-clad figure dropped noiselessly into the chair by the table. A few minutes passed, and then again the pen moved across the paper inditing the heart-throbs of a wretched woman.

"Yes, I mean it," she wrote, "you are wise to marry that woman. She will help you with her money at this critical time in your career. You will be able to work now without anxiety. I know what that work will be; I know what it will lead to now you are on the staff; I know you will become great. Ah, beyond me, the little nurse, who could give you nothing but her love."

Here she burst into tears and sobbed aloud.

A sudden check again in the patient's breathing made her spring from her chair and view the dying man more closely. In the dimly-lighted room she seemed like a spectre hovering by the bed. Her small thin hand felt for the pulse—now a mere flutter. It would not be long. Just time to finish her letter, perhaps. Her long vigil would be soon ended, and she could escape from this tainted atmosphere.

"You will be happy, I hope, because of your work, and because love to men 'is a thing apart.' With us women it is different. We think and we suffer. It was always so and will always be so. Perhaps you will think me unwomanly in writing to you as I have done, but I feel I must tell you that I am just the same and that I forgive you and wish you happiness. For the sake of old times think kindly of me. Good-bye. May God bless you.—Yours,

FLO."

She scribbled an address in Harley Street on an envelope and put her letter in it, and as she thrust it into a pocket of her apron, she saw a face appear at the opening in the heavy velvet curtains that hung in the doorway. The nurse sprang up and looked once more at the old man in the bed. A glance told her the end had come. The face between the curtains still hovered there waiting for the verdict. A moment later the nurse emerged from the sick room.

"His lordship has passed away," she said simply.

* * * * *

A little gathering of relatives had assembled in the library below. The new peer, a tall man with a slightly affected voice was speaking. "Yes, one never knows. One is apt to misjudge people. I always used to think nurses were cold, callous people. Why, I found the nurse upstairs in tears—positively weeping."

"Really? A sensitive nature perhaps," said his wife, looking sympathetic.

"Uncle was no doubt kind to her," said his lordship. "I think we ought to give her some remembrance of him."

"Yes. . . . Shall we say his silver ink-stand?" suggested her ladyship.

"Yes, certainly, with an inscription upon it —er —er 'to a devoted nurse.'"

FREDERIC VICARS.

From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

Sport.

Rugby Football.

GUY'S v. CAMBRIDGE UNIVERSITY.

Played at Honor Oak on Wednesday, October 23rd, and resulted in a win for the Hospital by the narrow margin of three points. Guy's lost the toss, and kicked off towards the pavilion. The ball was worked by the forwards into the visitors' twenty-five. From a scrum Guy's obtained the ball, but a bad pass was taken advantage of by the Cambridge halves, and play was transferred to the home twenty-five, but Duke relieved with a good kick. Guy's usually managed to get the ball in the scrums, but our halves were too slow, and the Cambridge pair prevented our line from getting under way. The next item of note was a mark by Monaghan just outside the Cambridge twenty-five line. Moberley essayed a place kick which fell short. A series of free kicks followed—awarded first to Guy's and then to Cambridge—being in each case a penalty for off-side play of the halves. From a free kick taken by J. P. Jones, Cambridge were forced to touch-down. The play after this was very even, and consisted chiefly of scrums near the half-way line. The ball was taken into the Cambridge twenty-five by a good dribble by Moberley and Pinching; it was, however, gradually brought back again by the Cambridge forwards, who were now playing excellently together, and showing more finish than the Guy's pack. A good passing bout by the Guy's three-quarters was brought to an end by Lee just knocking on an indifferent pass. Guy's were now working their hardest, and their efforts were at last crowned with success, when owing to the Cambridge full-back misfielding and the Guy's forwards backing-up well, Archer secured and touched-down. Moberley's kick was rather a feeble effort, and so when the whistle went Guy's crossed over leading by 3 points to nil.

The second half was more or less a repetition of the first, consisting of hard scrummaging and free kicks. The Cambridge forwards outdid our pack for the ball, and their halves were quick in getting it away. Their three-quarter line, however, owing in a great measure to the excellent tackling and also to a certain extent to their own bungling, never seemed to get going. Once, however, it seemed certain that they would score, but the 'Varsity wing hesitated for a fraction of a second when he got to Duke, and was well tackled by the latter. Thus a well-contested game ended in a win for Guy's as already stated.

REMARKS.—The forwards played very well, and were excellent in the loose; in wheeling, however, they often lost the ball. The halves were outclassed in attack by the 'Varsity pair, though in defence they were excellent, both of them doing a lot of "dirty" work. The three-quarters did not have the game opened up for them by the halves, and hence did not have much opportunity of showing their attacking abilities. Stringer and McEvedy made some good runs. Duke was rather erratic in his kicking, and did not often find touch; his fielding was an improvement on other matches.

Papers by Guy's Men.

On Some Vital Properties of Milk. By Myer Coplans, M.D. Lond., D.P.H. Camb.—*The Lancet*, 19th October, 1907.

An Interesting Case of Acute Intestinal Obstruction. By Henry J. Clarke, Jun., M.A., M.B., B.C. Camb.—*Ibid.*

Notes on Two Cases of Paroxysmal Tachycardia. By R. O. Moon, M.D. Oxon., M.R.C.P. Lond.—*Ibid.*

The Mode of Spread and Prevention of Plague in Australia. By J. Ashburton Thompson, M.D. Brux., D.P.H. Camb.—*Ibid.*

The Bolingbroke Lecture on the Factors of Insanity. By G. H. Savage, M.D. Lond., F.R.C.P. Lond.—*The Lancet*, 26th October, 1907.

Appointments.

Civil.

PIKE, R. DOUGLAS, M.B., B.Ch. Oxon, has been appointed Medical Officer to the Stalmine District of the Garstang Union.

STRANGE, E. W., M.B. Lond., has been appointed District Medical Officer of the Martley Union.

Naval & Military.

Major W. G. BEYTS, R.A.M.C., and Lieutenant H. O. M. BEADNELL, R.A.M.C., have been posted to Umballa, Punjab, for duty.

Fleet-Surgeon EDWARD R. D. FASKEN, R.N., has been appointed to the *Barfleur*.

Captain A. J. HULL has been appointed to command the Station Hospital at Jutogh, Punjab.

Staff-Surgeon CYRIL SHEPHERD, R.N., retires from the Service, receiving a gratuity.

Births.

CROOT.—On October 14th, at Innisfallen, 19, Clarendon Road, Southsea, the wife of Horace Croot, of a son.

HAMMOND-SMITH.—On October 31st, at Anerley, 211, King's Road, Reading, the wife of A. Hammond-Smith, of a daughter.

Marriage.

BROCK—TAYLOR.—On October 17th, at St. George's, Hanover Square, Ernest Henry Brock, M.D., B.S. Lond., of Streatham Hill, S.W., to Annie Taylor, of Liverpool.

ED.—M. E. B.

GUY'S HOSPITAL GAZETTE.

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Passim.

DR. FREDERICK TAYLOR'S Harveian lecture, a full report of which has appeared, since its delivery, in the *Lancet*, is a discourse which every thoughtful member of the profession, and every student of medicine, should study. The office of Harveian lecturer is not, we believe, a superlatively easy one, even for the men of acknowledged eminence who are deputed to fill it, and the quality of the lectures delivered in the past has been "diverse, changeable, and many-tinted," indeed. The lecturer is expected to proclaim his adherence to the belief that it was Harvey, and Harvey only, who discovered the circulation of the blood, and so write large the damnatory clause over the presumptuous claims of Hippocrates, Erasistratus, and Cæsalpinus. Then, again, he is supposed to eulogise the progress of medicine, and to show how excellently the art has advanced since his predecessor discoursed on Harveian claims and Harveian principles. The result has usually been a lecture which, in print, at least, read like an indifferent leading article, and which went into ecstasies over small points of progress as if they had been epoch-making events in the history of medicine.

DR. TAYLOR'S contribution can in no ways be styled a pot-pourri of the commonplace. He left Harveian claims alone, taking it for granted that his audience was orthodox in allegiance, and devoted himself to delivering a thoughtful and earnest exhortation on the text of the Master's injunction to search out and study the secrets of nature by experiment. His remarks about the morality of vivisection will not convince the opponents of that method of investigation, but they will at least show that one of our foremost physicians has devoted his attention to the moral aspect of the question, and satisfied himself, by contentions which must appeal very forcibly to all medical men, of the moral right of a healer of sick humanity to experiment on animals. His fine eulogy of the investigations in special branches, and of the recent advances in medical science, will be read with interest and pride by those who hold that medicine has as much to be proud of in the way of achievement during the last half-century as her sister art.

ON Saturday evening, at eight o'clock, the Physical Society meets in the Library. The evening will be devoted to the exhibition and discussion of interesting pathological specimens, and Mr. T. B. Layton will preside. We under-

stand that an interesting collection of pathological exhibits has been secured for the evening, and that some of the specimens are likely to give rise to keen discussion. As usual, coffee and biscuits will be served after the meeting.

We gladly draw attention to Mr. Goodhart's letter pointing out the nearness of the Christmas festivities and the desirability of establishing the Out-patients' Tea Fund on a sound financial basis. The Out-patients' tea is, we have no doubt, one of the most praiseworthy of all the entertainments got up at Christmas time for the benefit of those whom this charity serves. The concerts in the wards may stand in need of some defence, but no one can assert that the festivities in the Out-patient department interfere with anyone's comfort, or do anything but bring unqualified enjoyment to our small guests from the hospital district who are lucky enough to secure admittance on that day. The Out-patients' tea, with its attendant Christmas tree, is not, however, a cheap entertainment, and funds are urgently needed. We do not doubt that the secretary's appeal to the generosity of its supporters in the past will be eminently successful, and we hope that it will reach and influence those, too, who have not contributed in the past. The smallest donation will be gratefully acknowledged.

Our series of articles intended for the benefit of the newly qualified has been very kindly received by readers, but we have had few contributions towards it from those who, we feel sure, could have written us some sound and interesting notes about their experiences. We have not had, for instance, a paper dealing with the ethics of locum tenens. The subject ought to interest many of our readers, and is one that should certainly be included in a series of papers for the newly qualified that makes any pretence to completeness. Then, again, a paper from the point of view of the principal—"Locums I have had," or something similar—would be instructive, and may prove really helpful to some newly-qualified men. We throw out both suggestions in the hope that they may meet with some response from our readers.

To Guy's men the law with regard to dead bodies should have a particular interest. If we remember right, it was a member of our staff, in the early part of the last century, who brought upon himself the withering sarcasm of an eminent judge by declaring that he was the owner of certain parts of this earthly tabernacle which he had purchased for the sum of two pounds three shillings and ninepence, from the notorious "Snatcher Thatcher." The days of body-snatching are past, and the question as to the ownership of a dead body, used for the purposes of scientific teaching, has not been decided definitely, in English courts at least, though for all practical purposes the rule that there can be no property in a corpse still holds. A very interesting case, however, has just been decided at Sydney. It arose, according to the newspaper accounts, out of the detention by the police of a double-headed monster in a jar, the "property" of the plaintiff, whose father had purchased the relic from a local doctor for £27, a far larger sum than Hunter or Cooper ever paid for a "fœtus" obtained by the body-snatchers. His lordship, it is stated, held that a dead body is not, and under no condition could ever be, a chattel, and that "no matter how preserved, it is still a corpse." In accordance with that view he declined to entertain the notion that the plaintiff could hold property in such, and dismissed the case, presumably with costs.

The finding of the learned Sydney judge is a trifle disturbing to collectors of post-mortem relics. In Germany, we believe, the High Court has already laid it down that the surgeon has no property in a tumour which he has removed, and, presumably, none in an amputated arm. A case which called for a decision on a similar point has never arisen, but it is conceivable that the real owners of interesting and unique specimens in our pathological museums may realise that their monstrosities are valuable commercial assets and demand restitution or a solatium. Our own museum has quite a regiment of what the learned Sydney judge would call "corpses." There is the excellent homicidal Frenchman who suffered from osteitis deformans, and Mr. Hicks

has lately added to the collection some interesting "whole" exhibits. Whose property are they? The jars which contain them, the string with which they are tied, and the labels which identify them, are hospital property, and to steal them would be to run the risk which everyone, not a certified kleptomaniac, runs of being treated as a common thief. But the specimens themselves are apparently no man's. They certainly do not belong to the hospital, for they are not chattels.

THE reader who is interested in the discussion will probably call to mind Edmund About's witty account of the conversation between the commissary of police and the scientist in charge of the mummy of Colonel Fougas in "The Man with one Ear." The commissary, strong on his impregnable law point, maintained that the mummy was a corpse, and as such should have its proper resting-place in the Morgue. The scientist asserted that the colonel was no longer a corpse, but an exhibit. The commissary replied that there were religious duties and communal responsibilities, and called upon the scientist to conform to the regulations, which demanded that every unidentified corpse should be exposed to the public view—a procedure which would have destroyed any remaining chance of resurrection which the leader of the 23rd Foot may have had.

MOST of us will not trouble to debate the question with ourselves, finding satisfactory solace in the thought, borrowed from Sam Weller, that the law is an ass. Those who imagine that they hold property in man—a proposition so vigorously denounced by Burke, Lord Brougham and Wilberforce, that only a callous scientist dare enunciate it nowadays—will continue to add to their collections, and the real owners of the "unique specimens" will probably be the last persons in the world to assert their claims. Otherwise we should see the fashion inaugurated of patients signing properly attested deeds of gift before an operation, and wash-outs in the medical wards performed in the presence of the dilated stomach's legal representatives.

THE *Central African Times* is a little weekly which is published at Blantyre, and one which we do not often see, for, by some curious perversity of custom, the GAZETTE does not exchange with mere lay papers, whether in Nyassaland or in Norway. Through the courtesy of one of our readers—to whom, by the way, the Passimist is indebted for many valuable favours in the past—we have been presented with a copy of the issue of the 14th September last, an issue which shows very strikingly how widely afield Guy's men have migrated, and how zealously they are keeping up their end, no matter where they are. For the weekly gives an interesting account of the opening of the new Government hospital at Blantyre, which is in charge of Captain Hallam Hardy, an old Guy's man, who will perhaps be better recognised by his contemporaries under the name of "Stick Hardy." Two years ago Captain Hardy revisited his old hospital, and was a keen attendant in the gynæcological wards, and his many friends will be glad to hear of his new charge.

THE new hospital consists of four wards, with operating theatre and administration block complete. It replaces the old building, which served its purpose well enough, but which was sadly antiquated, ill-ventilated, and inconvenient. We hope Captain Hardy will favour the GAZETTE with some notes of the work that he is doing in his new premises when he has a few moments' leisure to remember the GAZETTE.

Now that the football season is fairly started, we would ask secretaries and players alike of

the various teams to send in reports of the various matches for publication in the GAZETTE. In former years the sporting pages of the GAZETTE were not remarkable for the excellence or the completeness of their reports, and it has even occurred that a report of an important match had to be copied, at the last minute, from the notes of a good-natured representative of one of our contemporaries. Sometimes, of course, it is impossible to get the full account of a club match into the issue immediately following, but even when the match is played on the Wednesday preceding the publication of the GAZETTE, the secretary, or whoever is responsible for the proper reporting of matches, can easily send along a few lines of descriptive and comment, to be expanded, in the next issue, into a full and detailed account.

AT the risk of being thought wearisome—at the greater danger of being told to mind our own business—we would earnestly impress upon our hospital football reporters the desirability of making their accounts of more general interest than has hitherto been the case. Some of the reports which we have received, and which, for want of better, we have had to publish, are as vapid and opaque as the accounts of a surgical operation which the ward clerk writes when he first attempts to transcribe from memory his surgeon's description of the mode of procedure. We do not allude to the constant use of technical expressions. Football, we presume, has a language to which it has as good a claim as physiology has to its own little dialect, and our readers are expert enough to follow technicalities in the description of a match without reference to a glossary. But we maintain that the art of describing a match so that a Guy's man who has not been actually present on the field when it was played may be able to follow it in imagination from the description given, is one which our football reporters have taken no pains to acquire.

THAT they have failed to do so is an oversight which is much to be regretted, but it is one which we trust will be corrected in the future. We shall be glad to publish descriptive accounts of matches, and, in order to encourage a more vivid style of reporting, we shall be glad, if our contributors desire it, to pay for such reports at GAZETTE rates.

WE have received the following additional note about the late Mr. Rendle :—

Mr. Richard Rendle, who died on August 10th at Kingaroy, near Brisbane, in Queensland, was once a well-known figure at Guy's Hospital. Soon after taking the fellowship of the College at the end of 1871, he was appointed a demonstrator of anatomy, a post which he held for some years. In association with Mr. Cooper Foster, he inaugurated, about 1874, the course of practical surgery, and the men of 1871–2 will recall the excellent teaching Mr. Rendle gave in these classes. Soon after this he went to Brisbane, where he made a leading practice.

A CONTEMPORARY has lately started an interesting competition under the heading of "Quaint sayings of children," and the results so far are eminently satisfactory, though most of the stories appear to be too good to have been made up in the nursery. It seems that there is scope for something of a similar kind in our department. "Quaint sayings of patients" would form a suitable theme for the man in general practice to discourse upon, and we throw out the suggestion in the hope that it may lead some of our readers to send us examples of such as they may have met with. One of the latest we have met with is the remark made to a member of the medical staff (who, we feel sure, will forgive its repetition here), when he advised short-circuiting for a patient with chronic gastric

ulcer: "Oh, Dr. ——, electricity is no use; we have tried it already." A good many of these amusing sayings are heard at Out-patients, but by far the majority must occur in private practice, and we shall be grateful to those who can send us a few specimens. We are far from proposing to add another column of "Lighter Vein," but we venture to think that the enumeration of such examples would be instructive as well as amusing.

THE new volume of the Guy's Hospital Reports will be ready for publication at the end of this month.

DR. FAWCETT'S letter, which appears in our correspondence columns, draws attention to the desirability on the part of Guy's men of joining the newly-formed Royal Society of Medicine as soon as possible. Forms of application for the membership may be obtained at the Medical School Office. The inaugural dinner of the new Society, we are informed, will be held early in December.

THE Dean has received, from an old Guy's man, a number of volumes of Pitman's Shorthand manual, and "medical terms in shorthand," for free distribution among students who may wish to take up the study of shorthand. The question of the usefulness of a knowledge of shorthand to a medical man or medical student is, perhaps, open to argument, and we, for our part, would advise the student who wishes to preserve his memory unimpaired, and his ability to spell correctly, to abstain from coquetting with any system of abbreviated writing. But to many the attractions which the well-known Pitman's system offers will be far greater than the problematical disadvantages which its study entails, and those who wish to try for themselves cannot do better than take advantage of the offer now made.

MR. CROUCHER, the honorary treasurer of the Miller Fund, has received a donation of £1 towards the fund from Dr. F. K. Butt. Dr. Butt writes intimating that his subscription will be an annual one, and we sincerely hope that others will follow his example and become permanent supporters of the fund. Mr. Croucher also begs to acknowledge the receipt of an anonymous donation of 5s. to the fund.

THE attention of those who follow the old custom of sending Christmas cards to their friends is directed to the beautiful specimens of private cards which Messrs. Ash & Co. are again issuing this year. The series of private cards, containing views of the college, hospital, and hospital grounds, attracted a good deal of attention last year on account of the beautiful finish and excellent printing. This year's batch is, we believe, even more praiseworthy, and several new views are reproduced. The profit made on the sale of the cards goes into the hospital coffers; and, therefore, those buying specimens will be contributing towards the funds of this charity. Specimens of the cards are on view in the Librarian's room and the Matron's office. The price is twopence each, including envelope.

From the Gazette's Special Pathologist.

C.D.P.S., HUDDERSFIELD.—On section these fragments consist of two kinds of tissue. The red areas appear to be fibrous tissue which has undergone hyaline degeneration, and these fragments may come from a breaking-down intra-uterine polypus. The blue areas are composed of endometrium, some of which is arranged in the form of polypi having a dense fibrous core and covered with columnar epithelium. There are no signs of malignant disease, and we conclude that the condition is a general polypoid thickening of the endometrium, associated with a degenerated polypus at one spot. If the symptoms are not relieved by curetting, then hysterectomy should be advised.

P., ST. ALBANS.—This gland contains a large caseous area surrounded by inflammatory gland tissue. In the latter can be seen many typical giant-cell systems, and we have no doubt the lesion is tuberculous.

PATHOLOGIST.

Life in the I.M.S.

A Hot Weather Day.

"Rub, dup! Rub, dup!" What is it? you ask yourself as consciousness slowly returns, and you gradually realize that it is only the drum giving the time for the recruits practising the goose-step on the parade ground, and not a nightmare heart beating under your stethoscope as you first thought. It is 6 a.m. on a hot weather morning in a small frontier station, conditions under which life does not wear its brightest aspect. You are lying on your bed, which is placed on the roof of the bungalow with the punkah flapping overhead, and will figure as an acceptable sacrifice to the power of his majesty the sun, if you lie there long after he has shown his crimson face above the horizon.

Well, if you are to enjoy the mythical coolness, now is the time to do so. You tumble over the side of your bed, feel for your slippers, and make your unsteady way down the ricketty ladder, calling for your bearer to bring "chotahalyiri" as you go. Pouf! Hot as it is outside, it is degrees worse inside the bungalow. What has he brought? Tea—thank goodness one can always drink out here—toast; the dog seems to want it, let him have it, poor old chap; he feels the heat, too, in spite of being shaved, but his appetite has not been spoilt by overnight "pegs." Ah! mangoes. There is some pleasure in eating a good mango, though the stickiness of your hands and face after it suggests the advisability of a speedy visit to the bath room.

Well, now we have bathed and dressed, while our bearer, having blown up our bicycle tyres, stands ready to put the clips on our trousers and hands us our topee and blue glasses. We have a fair amount to do this morning, as two of the other M.O.'s are away on three months' leave, whilst the third has gone to the hills for ten days; but even the thought that our leave is yet to come can hardly make us cheerful or enthusiastic. There are three regimental and battery hospitals, the civil hospital, and jail. First we go round the four military hospitals. "What do we do here?" I hear asked—visions of wonderful parasites, blood counts, opsonic indices, and other interesting investigations flitting through your mind. Well, hardly. You see, a microscope and stains are not part of hospital equipment, and your own, owing to frequent transfers, has been so damaged as to be useless. However, to make up for that, the hospital assistant has always got some returns or requisitions to be signed; this helps to fill up the time not engaged in diagnosing boils, diarrhœa, and abrasions, or in examining recruits. At the civil hospital, if you are lucky, the assistant surgeon has roped in a cataract, or perhaps a stone or two, and after doing them you mount your bicycle, feeling quite the Harley Street surgeon, and begin to wonder whether your talents are not wasted out here. This pleasant feeling of self-confidence is soon destroyed as you enter the jail, and have, as it is Monday morning, to inspect the jail guard, drawn up in serried array, performing complicated movements at the darogo's command. You now enter the jail office and find the clerk with piles of papers and ledgers, some in English and some in Hindostani, but all to be signed where there is a pencil mark. Meekly do you sign, asking questions now and again, which only serve to display the depths of your ignorance. Well, let us hope the jailer has enough sense to know that if he lets you down he will fall as well. Our next occupation is to walk round the jail, inspecting the prisoners at work, manufacturing carpets, matting, etc., or busily engaged getting ready the food supply for the day. Perhaps one of them has misbehaved, and you have ordered him a flogging; in that case you will have to stand and watch while the jail sweeper lays on with a cane. You may even have to superintend a hanging as part of your day's work.

At last your work is finished, and you proceed to the mess, feeling you can do with a long drink and some breakfast; usually every one reading a paper, as tempers are rather too short in the morning for easy conversation. It is now eleven. With a hard day's work behind you and a good breakfast inside, you return to your bungalow and pyjamas to pass the couple of hours before you doze again in reading, writing letters, or gossiping with the other unfortunates in your bungalow on how you are going to spend your leave, if you get it.

After your two hours' slumber, tea; and then the best part of the day begins. What are you going to do? Polo, racquets, tennis, hockey, or even golf? All are available, for though ours is a small station we are very energetic.

Sunset finds us in long chairs outside the mess—we have no club—pouring long drinks down our parched throats. Conversation usually turns on topics suggested by the papers, or on matters of local interest, such as, When is Brown due back from leave? or, When will the Mullah of Powindah, that arch intriguer, succeed in persuading some of the more fanatical of his followers to set out with the avowed intention of "ghazying" another unfortunate sahib.

Hullo! there is the mess bugle; we must be off, as we pride ourselves on our punctuality. Soon we are back again, our starched collar feeling red hot. Dinner is the one pleasant meal of the day, the time when one feels cool and most resigned to one's fate. After dinner there are the long chairs again, papers, and drinks. Ten o'clock, and men are moving off to bed, so we may as well go too, though luckily we have no parade at 5.30 a.m. every day, like poor old Smith, the adjutant.

Back in our bungalow, off with our mess kit, into pyjamas, up the ladder to the roof, and soon we are lying on our bed listening to the flap of the punkah, cursing the moon that stares at us so remorselessly and the sleep that will not come.

H. W.

[We shall be delighted to publish further details about Life in the I.M.S. at any time.—Ed., Gazette.]

Notice.

UNIVERSITY OF LONDON.

LATEST DATES FOR SUBMITTING APPLICATIONS, &c.

Registration, Honours Courses, and Courses for Higher Degrees.

Notice with regard to Registration as Internal Students, Honours Courses, and Courses for Higher Degrees.

The Senate have resolved that:—Applications for Registration as an Internal Student (including Registration under Statutes 112, 113, or 129) should normally be made within four months from the first attendance at the Course on account of which Registration is desired and before the end of the Session in which such Course was begun. The following fees are payable in respect of Applications received at a later date, and acceded to:—(i) In respect of an Application received more than four months after the beginning of the Course submitted but during the same Session, £1. (ii) In respect of an Application received in a Session subsequent to that in which the Course submitted was begun, £3. Fees on the same scale will be payable in respect of Applications for the retrospective approval of Honours Courses and Courses for Higher Degrees. The attention of Students is directed to the foregoing Regulations, which will come into force as from December 1st, 1907.

Terms for University and Inter-Collegiate Courses.

The Terms for University Courses and Inter-Collegiate Courses for the Session 1907–8 are as follows:—First Term, October 3rd to December 18th, 1907; Second Term, January 16th to March 25th, 1908. Third Term, April 28th to June 27th, 1908.

Applications for the Recognition of Teachers.

The latest dates in the three Terms of the Session 1907–8, severally, on which Applications for the Recognition of Teachers will be received from Schools and Institutions are as follows:—In the First Term, November 4th, 1907; in the Second Term, February 10th, 1908; in the Third Term, June 10th, 1908.

Pass List.

FINAL CONJOINT EXAMINATION, October, 1907.—Surgery and Midwifery: *G. W. Dryland, *B. H. Palmer, G. F. Syms. Medicine only: A. Davidson, T. R. Harvey, *E. B. Hinde, A. V. Ledger, C. H. Marshall, *M. D. Price, *G. G. Timpson, *R. Willan. Surgery only: *W W. Cook, *H. J. Henderson, *H. H. Moyle, *M. J. Rattray. *S. McK. Saunders, H. Stott. Midwifery only: E. Abdy Collins, M. E. Ball, M. R. Dobson, J. B. Dunning, F. W. Hogarth, *A. N. Leeming, E. L. M. Lobb, M. K. Nelson, A. H. V. St. John, E. R. Stone.

* Denotes completion of examination.

Guy's Hospital Debating Society.

"The Degeneracy of Play-Acting."

THE second meeting of the present season was held on Saturday, November 9th. Sixty-five members were present, and Dr. Pembrey was in the chair.

A protracted discussion on private business was started, so that it was not until a late hour that the chairman called upon

Mr. BROOKHOUSE to move, "That in the opinion of this House the present state of the stage is a disgrace to the country." Mr. Brookhouse first dealt with the history of the English stage, and urged that its present state must be considered a disgrace when viewed in the light of its wonderful past. He discussed the characteristics constituting a good play, and found singularly few modern plays which possessed them. After referring to the attention paid to scenic effects and the cost of theatrical productions, he dealt with the question of long and short runs, and gave facts and figures showing that, while in the old days the best plays had the longest runs, nowadays musical comedies are notoriously the most successful. As to unsuccessful plays, it was equally evident that poetic drama was a drug in the market. So long as managers were unable, for financial reasons, to produce plays by unknown men, it was idle to say that we had no dramatists: in an age of the wholesale endowment of libraries, perhaps a privately subsidised theatre might prove the remedy.

In summing up, and apologising for dogmatism, Mr. Brookhouse sounded an optimistic note, and expressed the hope that the stage might soon cease to be a disgrace.

Mr. FULLER, opposing, urged that the root of the evil should be sought, not merely its manifestations, and that in this case the taste of the public was the primary factor. The public would have what it wanted; managers could not force upon it what was not desired. The drama and stage should not be considered apart; they who urge that the reading of a play was a better test of its quality than the representation, were merely flaunting a "cheap badge of intellectual superiority." The alleged moral contamination of the stage was stated to belong more to the stage of fifty years ago than to its successor of to-day, and in any case the stage had no monopoly in moral contamination. Were there not books, and tennis-clubs? The stage had thrown off the fetters of court-life and of patronage; nor was it, as a profession, any longer under a ban. The actor was no longer referred to as a "poor player;" at any rate, not in the old sense. The stage had been serving the world for years, and it was not to be interfered with by faddists. Public opinion would triumph over the efforts of well-meaning busybodies. When public opinion demanded better, better would be forthcoming.

Mr. Scott seconded the motion, and compared the richness of our country in novelists with its poverty in dramatists. On our stage of the present day musical comedy, on the one hand, had no meaning and no unity; Shakespeare, on the other, was spoiled by scenic accessories and attempts at realism. We were behind the Continent, not only in drama, but in acting also. "There are no English actors and actresses, but only amateurs." The Court Theatre, however, had proved a pioneer in reform, and we might look forward to the time when the stage would give a "true contemporary account of the lives of real people."

Mr. Levinson, seconding the opposition, objected that the motion had been considered from the purely literary point of view, whereas the moral point of view was the more important. He therefore took it up, and set out to prove that neither present day acting, nor its effects on audiences, nor our actors and actresses themselves, could legitimately be called a disgrace. The dramatisation of novels, he thought, incited people to read them; while melodrama gave us a "better, broader view of life." Having shown that the alleged immorality of the stage was a gross exaggeration, Mr. Levinson concluded by stating that he had proved his contentions to his own satisfaction, and, he hoped, to that of his hearers.

The Chairman now put the motion before the House for discussion.

Mr. Matthews thought that musical comedy, being merely better-class music-hall, need not be discussed. He urged that this country had no lack of talent, either in playwriting or acting.

Mr. Bennett pointed out that the last three words of the motion might be objected to, but that to do so would be merely a quibble and would not affect the validity of the motion as a whole.

At this point the ten o'clock rule was suspended by the vote of the meeting, and

Mr. Mandel continued the debate. He declared that the English did not follow the critics, and that the opinions of the latter did not stand for much. The "Sins of Society" and "The Christian" had a fine morality, and morality of the blatant order appealed.

Mr. Mitchell pointed out that the only comparison which could be applied to our stage was with the Continental stage, and that possibly we did not know enough about that to apply the comparison. At any rate, the familiarity which bred contempt was a factor in causing us to condemn our own stage.

Mr. Price expressed the belief that we went to the theatre to be amused, not instructed; if we wanted the latter, we could go to the chairman's theatre.

Mr. George reminded members that the stage was, first and foremost, a commercial concern.

Mr. Schlesinger said that, since the greater section of the theatre-going public was unversed in literature, the present state of the stage was no disgrace to the average man. He had found instruction, as well as amusement, in musical comedies.

Mr. Webb thought that the stage would remain a disgrace so long as drunkenness and divorce were treated lightly upon it.

Mr. Sharp said that the matter was being discussed at cross purposes, between literature, morality, and the art of acting.

Mr. McEvedy criticised a previous speaker, and believed that the opinion of the educated man should carry more weight than that of the average unliterary man.

Mr. Watson thought "disgrace" too strong a word. Because we did not come up to the ideal in anything, was it necessarily a disgrace?

Mr. O'Callaghan deprecated comparisons with Shakespeare as being too high a standard to apply. He thought that we were all helped by the stage, even if only to learn to bluff.

Mr. Henry declared that the stage was for amusement, and not for instruction, and that the only point worth considering was whether the stage of to-day did or did not amuse.

Dr. Pembrey vacated the chair at this point, and Mr. Thompson was elected to it for the remainder of the debate.

Mr. Fuller, replying, again referred to public opinion.

Mr. Brookhouse, replying for the motion, urged that the individual cases which had been brought up against it did not invalidate it. The most powerful argument was to be found in the comparison with the other arts, and if the drama had not improved as these had done in this country, then it was a disgrace.

The motion was then put to the House and carried by 29 votes to 17.

A vote of thanks, proposed by Mr. Fuller and seconded by Mr. Brookhouse, to Dr. Pembery and Mr. Thompson, for taking the chair, concluded the proceedings.

Change of Address.

Dr. Henry Bartlett, from 150, Norwood Road, West Norwood, S.E., to 107, Braybrooke Road, Hastings.

Lieutenant H. O. M. Beadnell, R.A.M.C., from Ambala to Subathu, Punjab.

Lieutenant A. G. Gater, R.A.M.C., from Attock to Peshawar, N.W.F.P., India.

Captain A. J. Hull, R.A.M.C., from Nowgong to Jhansi, Central Provinces, India.

Captain L. Humphry, R.A.M.C., from Dover to India.

Dr. H. H. Jenkins, from Poplar and Stepney Sick Asylum, Bromley-by-Bow, E., to The Red House, Main Road, Sidcup, Kent.

Dr. E. Cronin Lowe, from Guy's Hospital, to 31, Church Street, Southport, Lancashire.

Mr. F. L. Thomas, M.B., B.S., from Hale End, Woodford Green, Essex, to The Square, Barnstaple, N. Devon.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

Tubercle of the Patella.

CLINICAL LECTURE BY MR. GOLDING-BIRD.

GENTLEMEN,—Almost the only affections of the patella that the student in general surgery has the opportunity of studying and of treating are fractures of that bone, direct or indirect; and occasionally—though I am glad to say I never have myself seen one—necrosis arising from some operation, such as wiring. But there are actual diseases of the patella, *e.g.*, tubercle, osteomyelitis, tumour; and of each of these I propose to present you with a short history, and remarks.

To spend much time on such a limited subject may seem to some unnecessary, but since the diagnosis—especially of tubercle of the patella—is by no means always an easy one to make from the same affection of the knee-joint, and since the operative treatment is very different in each, it is a matter of great importance that, if possible, a correct diagnosis should be made before the line of treatment is decided upon; and the very rarity of affections of the patella makes them the more liable to be overlooked. The case that originally drew my attention to the subject is as follows:—

CASE 1.—Minnie C., æt. 9, Charity Ward, 2nd January, 1901—24th January, 1901. Six weeks before admission there appeared over the right knee a fluctuating swelling; it was not particularly painful, the movements of the joint were not interfered with, but the child walked with a limp on account of a pain in the right ankle. (This subsequently developed into tubercular disease of the ankle, requiring a second admission into hospital, and necessitating a Symes amputation.) On a previous occasion she had been under the late Mr. Davies-Colley for tuberculous elbow. There was no history of injury to the knee or the patella.

On admission the prepatellar swelling had all the appearance of an inflamed bursa, except that it was not central and not very prominent, but rather to the outer side. A few days later the swelling—thought still to be bursal—was opened by a lateral incision, and thick semi-fluid breaking-down tubercular material was evacuated. It was then seen that the bursa itself had not been opened; this was now done and clear serous fluid escaped. A small aperture was now observed down which a probe passed to the centre of the patella and revealed carious bone there. This was in turn thoroughly scraped, and the usual after-treatment being adopted, the entire area of disease healed up and the child was discharged well in three weeks.

Remarks.—That this was not a case of tubercle of the bursa, and secondarily of the bone, is evidenced by the fact that although the report says that the fine sinus leading to the ossific centre of the patella was found in the attached wall of the bursa, yet this latter contained simple serum—the serum of a "collateral œdema"—the abscess lying altogether outside it. Apparently the opening referred to had but just formed, and doubtless a little later the contents of the bursa would have been very different. Nor did the condition found reasonably support the view that the disease was primarily a bursitis. It is hardly conceivable that even if the bursa had been in a suppurating condition it could have caused a small sinus leading down to, and giving rise to extensive caries of the ossific centre.

Suppuration in the prepatellar bursa is common enough at all ages, yet no one ever heard of its causing necrosis of the patella beneath, and whilst tubercular bursitis is in itself very rare, the bursa patella is not the one in which it is met with, unless in the "melon seed" variety. I think, therefore, the conclusion is justified that the disease commenced in the ossific centre.

The report contains no reference to the knee itself being swollen; there was therefore less likelihood of the case being taken for one of tubercle of the knee.

CASE 2.—Doris K., æt. 6½. Charity ward, 4th October, 1907—5th November, 1907. At Christmas time, in 1906, she fell, striking the right knee, which was severely bruised. A day or two later the knee began to swell and was painful. In January, 1907, she became an out-patient at St. Thomas', and was treated with splints, etc., and was instructed to rest the limb as much as possible. The swelling of the knee (? in the joint, or anterior to it), which was largest soon after the accident, rapidly subsided to the present size. She never lost the power of flexion or of walking.

On admission into Guy's in October, 1907, the right knee was swollen, fluctuation above the patella level being obtained, and a somewhat doubtful sensation of thickening of the synovial membrane. In front of the joint, and over the lower part of the patella, and particularly to its inner side, was a hot and tender swelling, evidently due to a superficial collection of pus. The joint movements were perfect, except that extreme flexion was limited by pain in the above swelling: digital pressure revealed a tender spot near the

lower end of the patella. The thigh muscles were much wasted. The opinion expressed was tubercular disease of the patella, and possibly also of the joint, on account of the presence of fluid.

At the operation, a curved incision on one side of the swelling evacuated a quantity of breaking-down tuberculous material, which was found contained in the patella bursa; a small sinus just admitting a probe was found on the deep surface of the bursa which led to carious bone in the interior of the patella. This was duly scraped out, the knee-joint not being opened, and the wound was treated in the usual way. At the present time—four weeks from the operation—the patient is well and the joint quite normal.

Remarks.—The laboratory report on the material removed is that it is tuberculous. As in Case 1, there can be no question that the patella was the original seat of infection, but in contrast to the same case there was "collateral œdema" in the form of a collection of fluid in the joint, and this suggested the alternative diagnosis of tubercular synovitis, and had the joint been opened with that idea serious complications might have followed. The sinus from the abscess to the ossific centre was so minute that it was nearly missed, and for the moment it seemed as though the case were really one of a breaking-down tuberculous bursa.

CASE 3.—James A., æt. 6, in Luke Ward, 26th August, 1907. Three months before admission the child fell, hurting his left knee, which has remained ever since swollen and painful. He is able to walk about, though with a limp.

On admission, over the lower part of the knee-joint and extending to the level of the tuber tibiæ, was an evident abscess, obliterating the outlines of the patella and head of tibia (anteriorly). There was fluid in the knee-joint itself, but extension and flexion were normal, the latter only being limited when extreme. A skiagraph gave no evidence of bone change anywhere.

In my absence the case was treated by Mr. Rowlands, who laid the swelling open, giving vent to breaking-down tuberculous matter, and then the patella was seen to be centrally carious, and a probe being inserted into the sinus dropped at once into the knee-joint. The patella was therefore transversely divided, the carious ossific centre scraped out, the whole joint cleansed, and a portion of its synovial membrane that was hyperæmic and œdematous, was removed for minute examination. The wound and the patella were then sutured, drainage being provided.

The subsequent history to date (October 30th) is that at first all went well; but eventually the wound opened, and there is now all the appearance of the remainder of the patella sloughing out.

Remarks.—The microscopical examination of the piece of synovial membrane was negative as regards tubercle, but Mr. Rowlands informs me the contents of the abscess were characteristically tuberculous. Clearly more advanced when coming under treatment than the cases previously quoted, it is more than likely that double infection with a pyogenic organism had already occurred, and thus the long and not very satisfactory convalescence is explained.

This case resembles Case 2 in that perforation into a healthy synovial cavity had occurred: in the former case it was the bursa, in this the knee-joint itself, and the lesson seems to be that as soon as tubercle of the patella can be recognized it should be operated upon, lest by perforation the knee should be secondarily affected.

And here attention may be drawn to the protective value of a layer of articular cartilage as well as to its comparative resistance to tuberculous infection. It, of all the joint structures, seems to resist tubercle the longest, nor is tubercle known to invade it primarily. Even in an advanced case of disorganized tubercular joint large sequestræ of cartilage, exfoliated from the bone beneath, where active changes can be seen going on, are frequently met with, their borders only being eroded. Sometimes, truly, the cartilage gets perforated by tuberculous granulation tissue from beneath, but its resistance to transformation into granulation tissue, as compared to the ease with which the fibrous tissues- *e.g.*, the crucial ligaments of the knee, and the spongy bone—succumb, is very marked.

Provided there is a sound layer of articular cartilage between the disease for which an operation is undertaken in a bone, and the interior of the adjacent joint, there is hope that the joint may yet be saved. And this remark does not apply solely to tuberculous or inflammatory conditions.

The treatment of myeloma (myeloid sarcoma), as you are aware, is, nowadays, to scrape it from its bed in the cancellous tissue of the bone, and, provided it has not already invaded parts external to the bone, a cure may be looked forward to. Some years ago I had occasion to open a fluctuating swelling in the capitellum of

the humerus of a man of middle age. I expected to find pus on incising the swelling posteriorly, but I opened a small myeloma. I scraped it thoroughly out, leaving only the articular cartilage, so thin as to be almost transparent. The man made a perfect recovery, and I saw him long after, quite well and without any impairment of movement. Never, therefore, rashly cut through a layer of articular cartilage; it may prove the surgeon's best friend.

The following case seems to me to be one of *osteomyelitis of the patella:* it is recorded in the Pathological Society's Transactions for 1886.

Case 4.—A boy, æt. 8, was under Mr. McCarthy, at the London Hospital, in February, 1885. One week before admission he struck his knee: synovitis set in, and he was treated for a few days with ice bags; then a fluctuating swelling having formed over the patella, it was opened and pus evacuated. He lay in hospital for six weeks, and then a piece of bone came away from the patella. The knee-joint had not been opened, and in due course he was discharged cured, and with the movements of the knee quite perfect.

Remarks.—The quick onset of acute abscess over the patella, the fluid in the knee-joint, regarded as synovitic, the absence of any remark in the report of anything like the "pulpy material" of tubercle, which we were accustomed to recognize far earlier than 1885, and the subsequent separation of a sequestrum from the ossific centre in the patella, all furnish as perfect a picture of osteomyelitis as one could wish to see. The fluid in the joint, due to the propinquity of the seat of inflammation, was clearly of the same character as that in the tuberculous cases I have mentioned. Twenty-two years ago we were not so free with the knife in the neighbourhood of joints as nowadays, or the affected patella would have been recognized long before the sequestrum separated, and the boy's convalescence proportionately shortened and the risks of actual perforation into the knee —which he fortunately escaped—lessened.

Very briefly, I will now refer to two cases of tumour in the patella, for the occurrence of this condition, though rare, must be remembered in making a diagnosis between affections of that bone or even the overlying bursa.

Case 5.—Girl, æt. 20, reported in Pathological Society's Transactions, 1895 (Myeloma of Patella). When first seen by Mr. R. Jones (Liverpool), she had a tumour in front of the knee, apparently involving all the patella. It appears that she struck her knee in front, in 1890, suffered from pain for five days, and then quite recovered. She hit it again in 1891, and this time a swelling slowly began to appear, but it was not till 1892 that she came under observation. For twelve months she was treated as a case of bursitis, with splints, &c., for she refused all operative assistance until 1893. The swelling, now the size of an orange, was then explored, and found to be a myeloma of the patella, so amputation through the thigh was performed. The specimen is now deposited in the Royal College of Surgeons' Museum, where also is a similar one presented by Sir Astley Cooper.

Remarks.—The blow on the patella, as in the previous cases, here seems to have predisposed to disease. Yet until the tumour was large enough to declare itself, the history of injury might well suggest a chronic tuberculous formation. The discovery of the actual condition would not nowadays have demanded such radical treatment as was then adopted, for, as you all now know, these tumours may be treated, within certain limits, as local formations, and scraped from the bony bed in which they lie. Many years ago a case presented itself to me that bears on this one, in which a lady who had had from girlhood a stiff knee from old tubercle, developed, at nearly forty years of age, a swelling within the head of the tibia. It had been considered by several—and quite naturally—as a further manifestation of tubercle. Partly, however, from the absence of certain expected local changes as time went on, and partly from the fact that at last "egg-shell" crackling was distinguishable, the final conclusion was that it was a case of myeloma; and finding, when operating, that it was so, and that the growth already had entered the remains of the joint above, as well as extended into the muscles behind, I was compelled to amputate through the thigh. A perfect recovery, and many years of life, without any recurrence, ensued. Had this myeloma occurred in the patella, I hardly think it would have been diagnosed, in the face of the old tubercle, in the joint beneath.

The last case that I shall quote is taken from the Clinical Society's Transactions for 1887 (Primary Sarcoma of Patella).

A girl, æt. 13½, was in the East London Hospital in May, 1886. She presented herself with a tumour as large as a small orange over the lower and inner part of the knee-cap. Over it the skin was normal; there was no pain, and the movements of the knee and power to walk

were normal. Some small glands in the groin were doubtfully connected with the tumour. The tumour, on incision, proving to be a sarcoma of the patella, the bone was completely excised, and recovery with a stiff knee resulted.

Remarks.—The microscopic appearances of the tumour are not given, but clearly it was a growth from—not in—and involving the patella. It is likely, therefore, to have been a spindle-celled sarcoma starting from the fibrous envelope of the bone. The length of time of the onset of the disease is not given, and only two months of the subsequent history; so her future is unknown. Following the law for the removal of such sarcomata, the limb should have been amputated above the attachment of the muscle inserted into the affected bone (periosteum), but in the nature of things such a line of treatment is impracticable in such a case, and excision of the patella was the only course open.

Of these two cases of tumour of the knee-cap, this latter one is less likely to be confounded with tubercular disease, for it was apparently chronic and painless, and a manifest tumour formed; hence in making a differential diagnosis it would have rather to be distinguished from a solid bursa—an unlikely occurrence at this early age.

Apart from the remarks I have made on each case, it may be here well to further note that all the tubercular and (?) osteomyelitic conditions have been in children between the ages of six and nine, whilst the tumours are much later —*i.e.*, 13–20 years—the former, as would be expected, attacking the bone when its ossific centre is quite young, its first appearance being about the third year; the latter, whether of the actual bone or its fibrous investments, developing as the patella approached maturity.

In nearly all the cases—perhaps in all, were the records quite full—there is a history of a blow, the connection of which with tubercular invasion we can well understand; but with sarcoma, while we do not see so clear a sequence of events, at any rate clinical experience bears out the fact.

Before concluding, I might offer a few remarks upon bursitis of the patellar bursa, as far as it bears on the diagnosis of tuberculous caries of the bone which has been our main subject in this lecture, for tubercle of this bursa at all ages, and certainly in children, must be very rare. I have never come across a case. There are, as you know, two aspects of tubercular invasion in synovial sacs, in which we will include bursæ. There is the form, as is common in joints, of pulpy or granulation change, tending to retrograde, and even to suppurate; and there is a form in which the so-called "melon seeds" are found—a firmer more formed variety (if I may call it so), and which, only in recent years, has been recognised as of tubercular origin.

This latter form may be seen in the patella bursa, but my experience is that it is in older people, not in children, whilst the "pulpy" form I am quite unacquainted with in the bursa. If existent it is what we might expect in children; at the same time, I cannot help thinking that, if such a variety is met with, it will be found to be secondary to tubercle of the ossific centre, and not primary in the bursa. The more solid forms of bursitis, such as the "melon seed" tuberculous variety just mentioned, or the "onion" form with solid fibrous masses (generally considered to have a syphilitic parentage), are not likely to be met with at the early age at which sarcoma of the patella has been noted. In the second sarcoma case quoted it was not until the tumour was opened up that the diagnosis could be made. Apparently the possibility of its being a solid bursal tumour was entertained, but rendered doubtful from, amongst other things, the age of the patient.

Lastly, I may add that, taking the various bursæ as a group, the one over the patella is a most unlikely one for tuberculous invasion. The two bursæ most commonly thus affected (I am not here thinking of synovial sheaths) are the subdeltoid and the subgluteal over the great trochanter; and you will recollect that these are not included in definitely-walled sacs like the patella bursa, but are of the nature rather of diffuse (and in the case of the subdeltoid one) lobulated lymphatic spaces, and therefore more likely to be infected by any wandering bacilli than the well-defined bursæ; and you will further remember that when studying the symptoms of early hip-joint disease, you were warned that at times tuberculous disease of the subgluteal bursa might lead you astray in concluding that the hip-joint was the seat of disease.

Appointments.

Civil.

WILTSHIRE, H. P., B.A. Cantab., M.R.C.S., L.R.C.P. Lond., has been appointed Medical Officer of the Hemsworth Union Workhouse.

Naval.

Staff-Surgeon A. E. KELSEY, M.B., is promoted to the rank of Fleet-Surgeon in his Majesty's Fleet.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

The Out-patients' Tea.

DEAR SIR,—I should be very grateful if in the Passim of your next GAZETTE you would draw your readers' attention to the fact that the preparations for the Out-patients' Christmas tea are now in full swing, and that we are anxious to get in subscriptions as soon as possible. We depend very largely for our funds on men who have not yet reached the wards, and people outside the hospital. I do not doubt that they will respond as liberally now as in former years if only their attention be drawn to our needs.—I am, Sir, yours faithfully,

GORDON W. GOODHART,
(Out-patients' Tea Committee).

A Patient's Letter.

DEAR SIR,—This gem in orthography, which reached me recently from a hospital patient, might interest your readers. I may say that the "busting" refers to a small stitch sinus in a laparotomy wound.—Yours faithfully, LAURIE McGAVIN.

6, Mansfield Street,
Cavendish Square, W.
11th November, 1907.

Dear Sir Just A Few Lines to you to Let you no that i ham A Bout the same as i wos Wen i Left your place and it is not Busted yeat and i had not got the Fear to Come up to sea you so i sent this note to you to Let you no About me But if it Busted i Shal Come and sea you.

pleas ancer this note if you Wont to sea me befor it Would Bust.

The Telephone.

DEAR SIR,—May I call the attention of members of the Students' Club to the alteration in the arrangements for telephoning? A box has been provided to stand beside the telephone, and members before using the telephone are asked to do three things:—

1. To put *one* penny in the box.
2. To put *one* penny in the telephone.
3. To give their names to the porter for entry in his book.

During the past six months, when the instructions to members of the club were perhaps too indefinite, the telephone has been used on a number of occasions without payment of the club charge of a penny. At a recent committee meeting of the Students' Club, it was felt that it was only necessary to call the attention of members of the club to the rules to prevent recurrence of a loss which has proved rather serious.—I am, yours truly,

H. CHARLES CAMERON,
Hon. Sec. Guy's Hospital Students' Club.

Royal Society of Medicine.

DEAR MR. EDITOR,—In talking to the Secretary of the recently amalgamated medical societies in London, now known under the above title, I gathered from him that it is advisable for applicants, either for membership of any particular section of the society, or for those who may desire to become Fellows, to send in their names immediately. Fellows elected after March 1st, 1908, will be liable for an entrance-fee of £2 2s., and in the case of members of any individual section, an entrance-fee of £1 1s., in addition to the annual subscription.

Proposal forms, duly filled in, should be sent to the Secretary of the Royal Society of Medicine, 20, Hanover Square, W., before, if possible, the end of this month, as there is a meeting for the election of Fellows on December 3rd, and all proposals must be approved by the Council before that date.

The Secretary has sent some proposal forms to the Dean at the Medical School Office, where they may be obtained on application.—I remain, Sir, yours very truly.

J. FAWCETT.

66, Wimpole Street, W.
November 13th, 1907.

Papers by Guy's Men.

Anæmia in Ankylostomiasis. By Arthur E. Boycott, M.D., B.Ch., B.Sc.—*British Medical Journal*, 9th November, 1907.

A Case of Injury and one of Exposure of the Bladder in Operations for Femoral Herniæ; Recovery in both cases. By John D. Malcolm, F.R.C.S. Edin.—*The Lancet*, 2nd November, 1907.

On some of the Difficulties connected with the Diagnosis of Gastric Derangements. By A. Ernest Maylard, M.D., B.S. Lond.—*The Glasgow Medical Journal* for November, 1907.

The Harveian Oration on the Need of Research in Medicine. By Frederick Taylor, M.D. Lond.—*The Lancet*, 2nd November, 1907.

The Relationship between the Internal Structure of the Upper Part of Femur and Fractures through the Base of the Neck of the Femur. By Ralph Thompson, F.R.C.S. Eng.—*Journal of Anatomy and Physiology* for October, 1907.

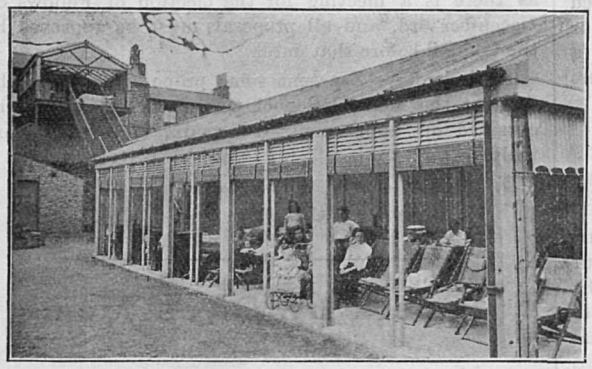
St. Catherine's Hospital for Consumption, Ramsgate.

Being ordered by my doctor to the East Coast for a change and rest after an illness, chance brought me to the above place, and I thought that the readers of the Guy's Hospital Gazette might be interested to know a few details about the institution, which is not very widely known.

It is the only place in England in which the treatment, instituted at Ems by Waldenburg, is administered.

The Hospital, which has accommodation for about ninety patients, is managed by the Sisters of the Order known as the "Daughters of the Cross," and is intended primarily for Catholic patients, but other patients are received as well, and receive every care and attention, not the slightest difference being made between them. Male patients are taken as well as female patients, their quarters being in separate buildings and grounds; also private patients are received as well as those of the poorer class.

St. Catherine's Hospital.—Female Patients.



St. Catherine's Hospital.—Female Patients' Verandah.

Some of the patients sleep out in open-air verandahs, so that an unlimited supply of fresh air is obtainable, without exposure to rain or snow.

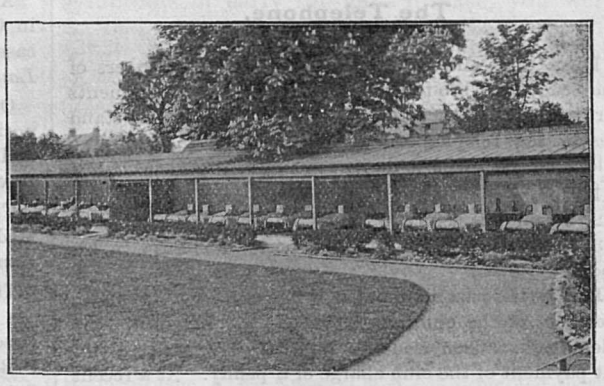
"The Ems treatment" consists of a Spray-room, and an Inhaling-room.

In the former, condensed water with vapour is inhaled by the patients, who sit in the room covered up with mackintosh cloaks and hoods. The vapour is prepared from pine-oil and formalin, the latter being an addition not used at Ems, but considered an improvement by the medical attendant at the Hospital, who is a Guy's man, and who has been to Ems to study the treatment there.

The Spray-room, when in use, appears to be filled with a dense sea-fog, which has a very sweet smell, reminding one of forests of pine trees.

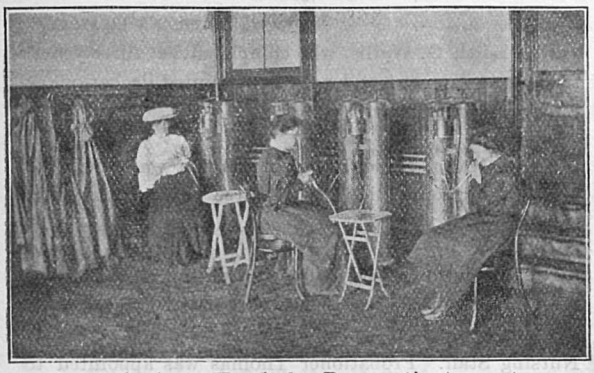
In the Inhaling-room, vapour inhalation is provided, the vapour being impregnated with various medicaments, as ordered by the doctor.

Göbel's pneumatic double apparatus is also installed.



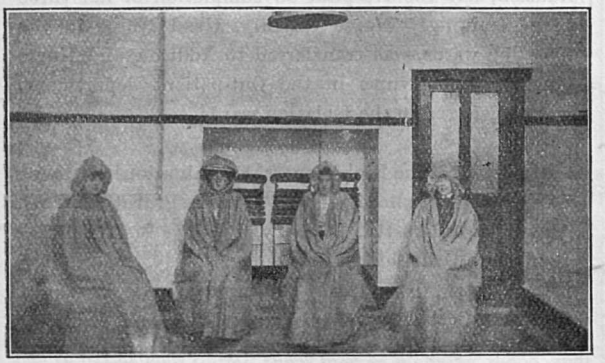
St. Catherine's Hospital.—Male Patients' Verandah.

This Institution was opened in 1901, and failure was prophesied on all sides, but far from that being



St. Catherine's Hospital.—Pneumatic Apparatus.

the case, it has been necessary to acquire more premises, and enlargement is constantly required.



St. Catherine's Hospital.—The Spray Room.

Most satisfactory results are obtained, and the patients are so happy and kindly tended and cared

St. Catherine's Hospital.—The Inhaling Room.

for, besides being provided with means of recreation, that they are most loth to leave.

Notice.

HIS MAJESTY'S INDIAN MEDICAL SERVICE.

A competitive examination for not less than sixteen appointments to His Majesty's Indian Medical Service will be held at the Examination Hall, Victoria Embankment, London, on the 28th January, 1908, and four following days.

Copies of Regulations for the examination, together with information regarding the pay, retired pay, &c., of Indian Medical Officers, can be obtained on application to the Military Secretary, India Office, London, S.W. Application for admission to the examination, with the necessary certificates, must be sent so as to reach him on or before the 14th January, 1908.

Programme of Examination.

Examiners.

Dr. Wm. Hale White, M.D., F.R.C.P., in Medicine and Therapeutics.

Mr. J. Ernest Lane, F.R.C.S., in Surgery and Diseases of the Eye.

Professor J. Symington, M.D., F.R.S., in Applied Anatomy and Physiology.

Professor G. Sims Woodhead, M.D., F.R.C.P. Eng., in Pathology and Bacteriology.

Sir Wm. J. Smyly, M.D., in Midwifery, Diseases of Women and Children.

Professor J. T. Cash, M.D., F.R.S., in Materia Medica, Pharmacology and Toxicology.

Tuesday, 28th January.—Paper in Medicine and Therapeutics, from 9 to 11 a.m. Paper in Surgery and Diseases of the Eye, from 11.30 a.m. to 1.30 p.m. Clinical Medicine, from 2.30 p.m.

Wednesday, 29th January.—Paper in Pathology and Bacteriology, from 9 to 11 a.m. Paper in Applied Anatomy and Physiology, from 11.30 a.m. to 1.30 p.m. Clinical Surgery and Examination of Specimens, from 2.30 p.m.

Thursday, 30th January.—Paper in Materia Medica, Pharmacology and Toxicology, 9 to 11 a.m. Paper in Midwifery, Diseases of Women and Children, from 11.30 a.m. to 1.30 p.m. Practical Pathology, from 2.45 p.m.

Friday, 31st January.—Surgical Operations, from 9.30 a.m. Oral Examination (half the candidates), from 2.30 p.m.

Saturday, 1st February.–Oral Examination (remainder of candidates), from 9.30 a.m. Examiners to meet in conference on termination of the examination.

Allotment of Marks.

In Medicine and Therapeutics.—Paper, 600; Clinical, 300; Oral, 300. Total, 1,200.

In Surgery and Eye Diseases.—Paper, 600; Clinical, 200; Oral, 200; Operations, 200. Total, 1,200.

In Pathology and Bacteriology.—Paper, 350; Practical, 300; Oral, 250. Total, 900.

In Materia Medica, Pharmacology and Toxicology.—Paper, 400; Oral, 200. Total, 600.

In each of the other two Groups of Subjects.—Paper, 350; Oral, 250. Total, 600.

To qualify, Candidates must obtain at least one-third of the total number of marks allotted in each subject, and one-half of the aggregate marks for all subjects.

O'M. CREAGH, *Lieut.-General,*
Military Secretary.

India Office, Whitehall, S.W.
November, 1907.

NOW READY.

Guy's Hospital

CHRISTMAS GREETINGS

1907.

Sold for the benefit of the Hospital.

To be obtained from

MISS SMITH,
The Matron's Office,

— OR —

MR. MILLS,
The Wills Library.

PRICE 2D. EACH,
INCLUDING ENVELOPE.

Nursing News.

MATRON'S OFFICE.

Miss Edith G. Wallis, who completed her three years' training in August last, has been appointed Probationary Surgical Night Sister.

Nurse Mann, Head Nurse in Martha ward, left the Hospital on completion of her three years' training on October 19th, 1907.

Nurse Johnson, Head Nurse in Addison ward, left the Hospital on completion of her three years' training, on October 2nd, to take up her duties on the Private Nursing Staff. Probationer Thomas was appointed to succeed her as Head Nurse in Addison ward.

On October 8th, 1907, Nurse Peck, Head Nurse in Addison, left the Hospital on completion of her three years' training. Nurse O'Reilly, Head Nurse in the Isolation wards, was transferred to Addison, and Nurse Cawley, Head Nurse in the Out-patient department, was transferred to the Isolation wards.

The result of the Probationers' Examination in Nursing Subjects is as follows:—*First Class:* Probationers D. Allen, Aston, Austin, Banbury, Beesley, Bishop, Blair, Blenkarn, Bodenham, Bottomley, Carey, M., Carter, Charlesworth, Cochrane, Collingwood, Cook, Craig, Cornwell, Corbishley, Dean Smith, Delaveleye, Dudding, Dulake, Dyment, Ekins, Evans, M. Fraser, Fisher, Forsaith, Foxon, Gardner, Grinsell, Halden, Hayward, Hepburn, Howe, Ingleby, Jarvis, Keays, Kenny, Kerr, Kingzett, Leach, M. Lewis, A. Lloyd, Lucas, Lumholtz, Marsh, Mawson, Molesworth, Morgan, Nicholls, Phillips, Quilter, Rooke, Salmon, Shaw, Smith, Stewart, Sutton, Sweet-Escott, Walton, White, Whittam, Worsley. *Second Class:* H. Allen, Bell, Bingham, Browne, Clifford, Cruickshanks, Dale. M. Gray, Hilliard, Hunt, Irvine, Krauth, Leigh, S. Lewis, Lowe, Mather, May, McDermott, McKitrick, McMorland, Moore, Moss, Nelson, Nixon, Oliver, Prescott, Raikes, A. Rees, Sandeman, Sladen, Spence, Turner, Tyers, Vanes, Ward, Willcox, Woollett.

THE EDITOR will, at all times, be glad to consider articles or sketches, provided that they are accompanied by the writer's name and address, not necessarily for publication. Payment is a matter of arrangement, and the fees that the GAZETTE *can offer are merely nominal, but if the writer desires any remuneration that fact should be stated.*

Punch and Judy.

We were walking along the picturesque lanes which abound in the neighbourhood of Leith Hill, and were struck by the restfulness of the quiet scenery and by the absence of that rush of men which is so very familiar to us as townsfolk. A sharp turn in the road brought us in sight of a clearing in the wooded lands across which the mossy road led.

Here, at any rate, we were once more in touch with fellow men, for at the far end of the clearing, a space about fifty yards across in each direction, were two men, resting upon a fallen log; each seemed thoughtful over his clay, neither had yet perceived our approach, their backs being towards us; other eyes, however, had seen us, or, more probably, a still keener pair of ears had detected our step, silenced though it was to some extent by the overgrowth of grass on the road; a sharp challenging bark rang out and in no way lessened as we drew nearer. By this time we could see that the owner of the bark was a well-shaped though muddy little terrier, who was tied by a piece of cord to the wheel of a truck, on which was resting what appeared to be an oblong frame covered by a blue and white checked cloth. The men had now turned, yet they neither spoke nor removed their short blackened clays, but merely stared vacantly towards us as if wondering why their Sunday morning rest should be thus disturbed.

Both men were road-stained, ill-shaved and unkempt, their appearance being well in harmony with their calling—that of journeying showmen.

To pass without a cheery greeting or a kindly enquiry as to how "things were going" would have been unnatural.

We were glad to find these men in a chatty mood and not gruff and silent as we expected at first appearances.

The scene recalled to our minds Mr. G. R. Sims's touching story of the dying showman.

Our friends were of opinion that this time-honoured form of play is less often met with now than was the case a few years ago; to us also this seemed true; surely, at one time, every fair and regatta, in fact, every seaside town, had its Punch and Judy show: they are rarely seen now, and many children, if asked, would say they had never seen one; yet, in our time, we all as children used to run eagerly to see the show when the reedy sound of the pipe and the monotonous thud of the drum greeted our ears.

These men had "done" for the season; they were on their way to town "to put up the old thing till Spring." Only a few hold out through winter, and these are to be found in some of the smaller streets of the Metropolis.

Buxton was once famous for its show. Quite one of the fashionable 11 a.m. events was the elaborate display—guests, young and old, gathered to watch Punch's furious attack on his wife, and his unsightly finish in the hangman's rope which he had prepared for another.

Much discussion as to the origin of this most ancient order of acting has arisen, and now the supporters of the theory that its origin is Italian seem to have put aside the formerly accepted theory that the name was derived from some old mystery representing Pontious (O.E. Powner; Fr. Ponce) Pilate and Judas.

The date of its introduction into England has been disputed, Payne Collier being of opinion that Punch and King William came together; a second theory suggesting an earlier arrival with the Huguenot refugees. In view of its popularity in France, prior to the Restoration, however, it would be strange if its migration had been delayed so long, and it is more than probable that it crossed the channel in the wake of the Royalists.

Besides the references to an Italian puppet-show at Covent Garden by Pepys (1662) and by Evelyn (1667), the former mentions (1669) some poor people who called their fat child Punch, "that word being become a word of common use of all that is thick and short."

Allusions to it become more frequent after the Revolution of 1688.

In 1703 it was introduced at Bartholomew Fair into a puppet-show of the "Creation of the World;" in 1706 (*Tatler*, No. 16) it appeared in "The Deluge," and in 1710 (*Spectator*, No. 14) it appears as a leading figure in Powall's show at Covent Garden.

One can gather further details of Punch's doings from the alleged satire on Robert Walpole, entitled "A second Tale of a Tub, or the History of Robert Powel, the Puppet-Showman" (1715). One meets with Punch again in Gay's "Shepherd's Week"—Saturday (1714), and in Swift's "Dialogue between Mad Mullinix and Timothy" (1728).

The older Punch fought with allegorical figures representing want and weariness, and was also intimate with the patriarchs and the seven champions of Christendom, and sat on the Queen of Sheba's lap, and cheated the Inquisition as well as the common hangman. Powall also introduced a trained pig.

The name Punchinello (St. Policinella, Pulcinella) is of Italian origin, though its history is somewhat obscure.

Galiani derives the name from Puccio d'Aniello, a vintager of Acerra (Naples), who surpassed in wit and grotesqueness some strolling comedians, and finally became their chief, after his death his part being taken by a masked man, who imitated his dress and manner.

Others derive the origin from Paolo Cinella, a Neapolitan fowl rearer; thus the word is said to be a diminution of pulcino, fem. pulcina—a chicken.

Skeat suggests its origin from the habit of using the word "chicken" as a term of endearment, hence applicable to "a little child" and finally "a puppet"; this necessitates the assumption that the application of the name to the character was determined by the size of the puppet, whereas it would appear to have been transferred from the comic stage to the puppet show, and the Pulcinella of the stage was not necessarily a dwarf.

Quadrio bases a theory upon the resemblance of the hooked nose to a beak; while Baretti attributes it to the nasal squeak.

Andrea Perruci (1699) and Gimmi state that Silvio Fiorillo invented the Neapolitan Pulcinella. It was then improved by Andrea Calcese, who imitated the character of the peasants of Acerra.

This places the date of the origin about the commencement of the seventeenth century, the original character being a country clown, hooked-nosed, shrill-voiced, cowardly, boastful, and often stupid.

Prior to the seventeenth century there is no mention of Pulcinella by Italian burlesque poets, though Riccoboni places the formation of the part before 1600.

The first appearance of Polichinelle in France is at the beginning of the reign of Louis XIV., when Jean Brioché, the dentist, produced a puppet-show.

It also appears in Political Satire in the letter of Polichinelle to Cardinal Mazarin (1649), and it is described in the "Combat de Cryano de Bergerac," as a "petit Esope de bois, remuant, tournant, vivant, dausant, riant, parlant, petant," and as "cet hétéroclite marmouse, disons mieux, ce drolifique bossu."

The introduction of the hunchback lends force to Magnin's theory of the French origin of the Northern Punch.

A typical version of the modern play, with illustrations, was published by Payne Collier and Cruikshank in 1828.

Reviews.

The price of books submitted for review should in every case be stated.

Blood Examination and its Value in Tropical Disease. By Claude F. Fothergill, with a preface by Major Ronald Ross. (Kimptons.) 2s. 6d.

This brochure gives a useful résumé of the value of blood examination in tropical disease. First and foremost, blood examination is of especial value in determining the presence of malaria and the type. When this is subtertian, active intra-muscular administration of quinine must be at once adopted. The presence of leucocytosis in a case would practically exclude malaria. Trypanosomiasis and kala-azar, in which also there is a leucopænia, can be differentiated by the blood examination. Typhoid fever presents leucopænia with a relative increase of lymphocytes. In seventy-five per cent. of the cases the organism can be cultivated from the blood, and in the second week a Widal reaction can be obtained with an error of only two per cent. When dysentery is complicated by an hepatic abscess, it is at once indicated by the development of an increased leucocytosis. A definite diagnosis of Malta fever can be made by a specific agglutinating reaction.

It is often difficult to determine the cause of a tropical anæmia. The presence of eosinophilia would indicate a parasitic origin. The book concludes with notes of some thirty typical cases which had come under the author's notice.

Guy's Hospital Dental Society.

THE first meeting of the session was held on Friday, October 18th, Mr. F. J. Pearce occupying the chair. The Minutes of the Annual General Meeting having been read and confirmed, Mr. Pearce gave his inaugural address as follows:—

GENTLEMEN,—In the first place, I wish to thank you very sincerely for the honour that you have conferred on me by electing me your president for the coming year. The distinguished men who have previously occupied this chair have set a very high standard, which I feel that I shall be unable to attain to, but I shall endeavour, to the best of my ability, to merit the very high trust that you have confided in me by doing all that I can to further the interests of this Society and to make this year a successful one. As you are probably aware, this Society was started in 1894, and had for its first president Mr. Newland-Pedley, who has recently resigned his position on the Dental Staff, and has been appointed a Consulting Dental Surgeon to Guy's Hospital. We can never forget the part he took in the formation of the Dental School, and his name will always be honoured by past, present, and future dental men at Guy's as the founder of the school of which we are all so proud. It is just ten years since I entered Guy's, and attended my first meeting of this Society. I little thought then that I should ever have the courage to get up and speak at one of its meetings, much less that I should ever have the honour of occupying the position that I do to-night. Perhaps among the new members, whom we are very pleased to welcome here to-night, there may be someone who, in years to come, will be able to look back and say the same. At any rate, I hope that you will all be able to look back, as I can, to their choice of Guy's as a dental school as one of the most fortunate decisions of their life. Gentlemen, if I were starting over again, I should again choose Guy's; the only difference that I should make would be to complete my whole curriculum at Guy's, starting as a mechanical pupil. I believe that, in a few years' time, we shall wonder how it was that this system of mechanical training at a dental school was not started earlier in England, or, at any rate, that it did not become more general. Gentlemen, you have chosen a profession which, although out of its infancy, is yet young—a profession which has gone on steadily advancing year by year, and it will rest with you, the future members of it, to see that it advances still further on the road to progress. It is an honourable profession, and one of which no man need be ashamed to belong; he should, on the contrary, be proud to be a member of it. Remember that it is your duty to do nothing that may in any way throw discredit on it; rather do all that you can to advance both the status and the knowledge of that profession. If I may be permitted, I should like to offer

a few words of advice to the men who are just commencing their hospital career. Our profession is one which requires that we shall pay great attention to small details. This must be started at the very commencement; learn to put your whole attention into all that you do. Do not fall into the error of thinking that little or nothing depends on the work that you do here, the success of your whole future career depends upon it. If you start by concentrating your whole energies on all that you undertake, you are bound to succeed.

It may not be out of place here if I try to point out what, in my opinion, is one of the most important duties that a dental surgeon has to perform, that is, the education of the general public—and I am sorry to say, in a great many cases, the medical men—to the absolute necessity of sound teeth and a healthy mouth for the preservation of good health. For this purpose, I think, wherever possible, a dental surgeon should give up some time each week, it may be at a hospital—and there are many about the country that have not the services of a dental surgeon—or it may be in some other manner. A great deal may be done in this way to educate the public to take more care of their teeth. It may be argued that for a dental man to give up, say a morning a week, is a far more serious matter financially than for a medical man. This may be so, in fact it is so; nevertheless I am of the opinion that we ought to do our share of the work. The cost to the poor of dental aid is far greater than for medical treatment, and therefore the number who need it is far greater, in fact it is often quite beyond their means. We have a splendid example set us by medical men who give their services, and I think that we ought to follow their example and bear our share. It is a very serious national question, but if we each take our share, even by only educating parents to take more care of their children's teeth, we may prevent a great many of the serious conditions which can undoubtedly be traced to an unhealthy mouth. We may by this means enhance the reputation of our profession and deserve the goodwill of our country.

Gentlemen, I hope that the session that we are just commencing may be among the most successful that the Society has ever had.

He then called on Mr. J. S. Spain to read his paper on "The Devitilization of the Pulp and the subsequent Treatment and Filling of the Root Canals." This proved very interesting, and evoked considerable discussion, after which the meeting terminated, fifty-six members being present.

Books, &c., Received.—The British Pharmaceutical Codex; The Practitioner; The Glasgow Medical Journal; Journal of the Royal Army Medical Corps; Dental Surgeon; The General Practitioner (regularly every week); Archivio di Farmacologia sperimentale e Scienze affini.

Papers for the Newly Qualified.

XI.—Sudden Heart Cases.

I am thinking of emergency cases taken ill too unexpectedly or too seriously to be brought to a hospital.

The fainting heart, with a pulse getting slower and smaller, may be caused by pain, shock, and many circumstances. We all know this is surely and often quickly relieved by the *horizontal* position, by a *hot* bottle applied to the heart, and by warm drinks and warmth over the whole body.

The rapidly-beating heart, which absorbs the attention of the sufferer to the exclusion of everybody and everything else, is less often seen. I have seen it in those who are of a highly-strung nervous temperament, and who are known as sharp and smart business men. To these the *upright* position and *cold* bring the speediest relief. They will say, "I want to sit up," "Give me another pillow." A towel soaked in cold water and applied over the heart cut short the attacks best and give the much-longed-for heart's ease.

The faintness with palpitation which is secondary to dyspepsia and flatulency is commonest of all. This is effectually and speedily relieved by vomiting.

Cases of angina pectoris are best always treated as most serious, notwithstanding the word pseudo-angina. If you cannot ease the pain and establish the pulse in a few days, the angina will bring about a premature death. One of London's most eminent physicians saw a short and very stout man with me because of the inconvenience caused by chest pain and dyspnœa, and declared my patient to be sound in every way. In a few months, however, this gentleman died in the agonising throes of pure angina. The heart post-mortem showed only some thickening of the aortic valves, with no special coronary occlusion. He was between forty and fifty years old. Powerful carminatives which empty the stomach of wind and take pressure off the heart are palliative.

Though not of a sudden type, yet the heart is sometimes overlooked in the aged. A lady, who lost her husband somewhat unexpectedly to her, said to me, "You were the first to tell me that my husband's heart was wrong." I did not attend him professionally at all, but I

noticed, in his drawing-room, some breathlessness on moving about, with a slight cough. When walking with people over sixty, and with some younger still, I have observed a little hacking cough and a desire to clear the throat, combined with an anxiety every now and then to stop and view the scenery. I am speaking of two men who seemed hale and sound in other respects, but whose cardiac muscle was failing.

"AFTER THIRTY YEARS."

XII.—The Art of Consulting.

The incident of a consultation is one that is bound to happen to every man soon after entering practice, and is one for which hospital training gives but little preparation. A consultation may bring to a man much support or much trouble, and it rests largely with himself what the consequences are.

A young man, single-handed, will often desire and arrange for a consultation more frequently than he will later on, for various reasons. He gets, perhaps, scared, nervous, and apprehensive, and runs rather too easily to a friendly neighbouring practitioner for support. On the other hand, he may run into the opposite error of driving it off till too late. There is a happy mean, the patient as well as the disease must be considered by the practitioner.

With some few patients the mere suggestion of a consultation causes them to take fright, they "lose confidence," and look upon the idea as a confession of hopeless and irretrievable failure. With most, however, it has the opposite effect, making them recognize that you are not hidebound by any petty pride, but solely consider their interests. The first important point to remember is this: that when things are not going as they should, and might reasonably be expected to, do not exhaust the patience of the individual and his friends until, driven to desperation, they seek other advice, but take the bull by the horns and ask them fairly and frankly whether they would not like you to arrange for a consultation.

Secondly, when such an offer has been accepted, prepare yourself fully for it by again going over the patient thoroughly and carefully. A consultant once said to me, in conversation, "So many practitioners get into trouble by not adequately reviewing their cases."

It is annoying to a consultant, when asking at the bedside if the urine is normal, to be told that you tested it eight or ten weeks ago, and it was all right then, but you don't know if it is so now. If every ordinary clinical aid to diagnosis were used thoroughly prior to a consultation, we should not hear it said so often by the patient, "Oh! Dr. So-and-So found that out, you remember." It is absurd to fold the hands and to think that because you haven't ascertained the opsonic index there is nothing else to be done. The man who has previously found out all there is to find in a case goes to a consultation with a light heart; the man who has not done so carries his professional reputation in his hand, and has only the tact of the consultant to thank if he does not lose it. Reading up the subject seems a superfluous remark to students, but in the busy rush of practice, books are sometimes forgotten when most needed, and a word uttered by Durham in one of his memorable final lectures is worth remembering, "Your real examinations are held when you are talking it all over in the dining-room afterwards."

One word of advice for the occasion when the junior has to play the senior part, which may come sooner than you expect. Not only avoid all temptation to make a cheap score at the other man's expense, but, if possible, say nothing during the examination of the patient as to what you find.

I have known a trifling remark about a fresh patch of unimportant râles give rise to needless trouble subsequently. In consulting, as in all else, doing to others as we would they should do to us is a safe rule.

EXPERIENTIA.

Birth.

COOPER.—On November 10th, at Fawnhope, Surbiton, the wife of Harry Cooper, M.D., of a son.

Ed.—M. E. B.

GUY'S HOSPITAL GAZETTE.

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Passim.

ONCE more Christmas is close upon us—that festive season of niggers, concerts, Christmas trees, and good cheer, looked forward to alike by patients and students. It behoves one and all of us to put forward our best efforts and sustain those fine old traditions associated with Christmas at Guy's. The Out-Patients' Tea Fund has been opened, and those desirous of making personal collections can obtain collecting-cards from Sister Out-Patients.

THE "demonstration" of last week, which roused half an hour's excited interest within our quiet precincts, fell flat, and we do not believe that the majority of Guy's men account its unsuccess as something to be wept over. The daily press gave Guy's the credit for at least a small share in the antics of the irresponsibles who arrogated to themselves the right to shout, and generally conduct themselves in the manner of street boys on the fifth, on behalf of the whole fraternity of medical studentdom in London, but we question very much if more than half a dozen of our men took part in the so-called demonstration. The need for such an emphatic expression of sympathy for Professor Starling has never been demonstrated to us, and, although many of us will regret the whole series of events that led to the erection of the brown dog's statue, few, if any, will seriously concern themselves about that sculptural adornment of Battersea Park. We have no brown dogs here, and Dr. Pembrey's marmots are so contented and sleek that even Miss Cobbe, were she alive and able to interview them, would be unable to lament over them.

THE procession and demonstration, as was only to be expected, gave the scornful a chance to jeer at the medical student of to-day, and it would be useless, now that the thing is over and done with, to declare that medical students probably only formed a fifth part of the crowd that invaded the park. The public still clings to the ideal of "Sawyer, late Nockemorf," and is loath to let slip the conjecture that there is still a strain of the Apache in every "young gent that walks the 'orspital."

YET the fact that the great "organised rag" of which we heard so much never came off, must show that most of us are too busy to take part in such enthusiastic absurdities. The exhortation of certain members of the Clubs' Union of University College, prominently posted in the Colonnade, was hardly needed as a restraint. In the smoking room someone had pinned up a cordial invitation to Guy's men to join in the "rag," embellished by a quaintly-drawn figure

which we suppose was meant to represent the effigies of the little brown dog. Everyone read the notice and commented on it, generally in a strain of amused toleration, but the idea of turning out at such an unearthly hour as half-past eight on a November morning, was too horrible to win recruits for the army of demonstrators.

THOSE interested in the history of Guy's may be able to recall the few occasions when Guy's men participated in some real "rags." The earliest, probably, of which there exists record is the demonstration, almost two hundred years ago, when some smugglers were apprehended near London Bridge. The incident brought the watchmen in contact with the fishermen and wharf labourers, who were reinforced, as contemporary papers tell us, by "a posse of students of medicine from the neighbouring hospital of St. Thomas," with which Guy's was at that time associated. South, in his "Memorials," relates some incidents of demonstrative "rags" in his student days, and it is stated that the sober and sedate Quaker, Dr. Hodgkin, on one occasion led a band of students in a demonstration, the object of which has not been recorded. Our "Anarchist" member of the staff, the pugnacious Dr. Marcet, endeavoured to enlist the sympathies of his class, but he never appears to have succeeded in inducing them to accompany him on any of his expeditions, though he himself on one occasion came into contact with the police, and was duly sentenced to imprisonment without the option—a misfortune which he compared to that which befell the famous Dr. Freind. Later in history we have the Trafalgar Square riots, the Anti-vivisection meetings at the Tabernacle, and the "Eastern Question" demonstrations in Hyde Park, and our little local demonstrations, none of them serious enough to be mentioned in the press of the day. As far as "rags" are concerned, Guy's has a glorious record to uphold, and it is pleasant to know that the abortive attempt of last week was not engineered from this institution.

WE are authorised to state that the plans for the new Out-Patient Department have been completed and approved of by the committee, and that a start will soon be made with building operations. In a future issue we hope to be able to publish full details, together with the ground plan and perspective view of the new buildings. At present a mere outline of the scheme approved of must suffice. It is proposed to throw the Out-Patient Department and the Casualty Department into one block of buildings, to be erected on the site of the present Out-Patients building, but further accommodation is to be provided for by encroaching upon the hospital property towards the Newcomen Street side. The new building will be three stories high, with the Casualty Department on the ground floor, the dressers' room on the second floor, and provision for the eye wards and wards for ears and throats on the second and third floors. Provision has been made for lifts, dressing and operating rooms, and for house-surgeons' rooms, waiting rooms, and all the other necessary apartments needed in an up-to-date Out-Patient Department. When the whole scheme has been carried to completion, Guy's may pride itself upon the possession of an Out-Patient Department second to none in London.

AN interesting article, which deserves the attention of all those interested in our institution, appears in a recent number of "The Hospital." It is entitled "Hospital Finance at its Best," and it shows most clearly how much our treasurer, Mr. Cosmo Bonsor, has done for us during his tenure of office. To most the figures quoted will be a revelation. As the writer of the article puts it:—

> "The total income of Guy's Hospital for the twelve years ending March 31st, 1895, was £510,821, or about £42,500 per annum. For the twelve years ending March 30th, 1907, its total income was £1,160,000, or an average of nearly £97,000. Thus the average income of Guy's Hospital has been increased under the present treasurer in twelve years by the enormous sum of £54,000 a year in round figures."

NOR is this all. When such large sums are involved, it is generally interesting to find out what the working expenses connected with the administration have been. In our case it

amounted to a surprisingly small percentage on the total income.

> "The total outlay during the last twelve years for salaries, permanent and temporary clerks, and commissions of all kinds, amounts to but 3·1 per cent., whilst the outlay on printing and stationery, advertising, postage, festivals, and every other item represents only 1·8 per cent. of the total receipts. Hence, nearly £350,000 has been raised at a cost of only 4·9 per cent."

No wonder the writer regards this result as "unique in the history of voluntary hospitals in this country."

WHAT has been done with all this money? Well, during the twelve years the hospital has, to all intents and purposes, been thoroughly reorganised. All the wards in the old building have been renovated and modernised, and new sanitary blocks have been provided throughout the hospital. Balconies have been erected, a central station for the distribution of light, heat and power has been established, a new laundry, fitted with every improvement, has been added, and a host of minor things have been rearranged, modified and improved generally. We who know Guy's during the past twelve years only, perhaps hardly realise the extent of the change that has been made, nor do we justly appreciate the importance of the modernisation that has been going on, quietly and steadily, without any fuss or advertisement. But it has been great, and it has been more than that—thorough; and in the circumstances every Guy's man will heartily endorse the concluding remarks of the writer of the article, which we venture to give in full:

> "We are justified in saying that never in the history of charity has a splendid work been better done than that which has been accomplished at Guy's Hospital during the Treasurership of Mr. Cosmo Bonsor Quietness and efficiency have made it the more praiseworthy, whilst the smallness of cost at which it has been accomplished constitutes it a record performance in the history of hospital finance. We hope that some suitable and fitting recognition of Mr. Cosmo Bonsor's services may be speedily forthcoming, for they make him stand out as the first and most successful hospital chairman and treasurer."

WE have to record the appointment of Mr. S. Cooper as House-Surgeon to Mr. Golding-Bird, in the place of Mr. Stebbing, who, owing to an inopportune attack of diphtheria, has resigned. Mr. Stebbing is, we believe, well on the way to complete recovery; the post-diphtheric paralysis which so retarded his convalescence is now, fortunately, little marked. We congratulate Mr. Cooper on his new appointment.

THE sixty-first volume of Guy's Hospital Reports is now in the press, and will be ready very shortly. On another page in this issue appears a notice concerning the new volume, together with a table of contents.

WE are at all times pleased to read criticisms of any remark that appears in these pages. There is a spice of gratification to the Passimist in finding out that readers disagree with him. It shows, at least, that there are some who read his lucubrations and find them sufficiently interesting to comment on. The mass of readers pass them over in silence, never troubling us with their disapproval or cheering us with an expression of their concurrence in some opinion vented or some assertion made. Therefore we may be pardoned the little shiver of delight which we feel when some strenuous reader takes up pen and indites a letter to tell us that we have erred and made fatheaded fools of ourselves.

THIS time we have been guilty of two crimes, and the enormity of one offence, at least, can only be atoned for by full and frank explanation. "A Medical Stenographer" takes us to task for having "placed imaginary difficulties" in the way of the enthusiastic medical student whose ambition it is to take down Mr. Lane's lecture at the rate of two hundred words a minute. Let us commence by saying that we are the last persons to stand in the way of anyone who wishes to become an efficient shorthand writer. There must be medical shorthand writers, just as there must be reporters of parliamentary speeches, and the GAZETTE depends on shorthand for most of its clinicals. But we reiterate, even at the risk of such severe condemnation as

that which "A Medical Stenographer" (and may we be permitted to ask why not "stenographist?") metes out, that shorthand writing is not an ideal accomplishment for the man who wishes to hold his retentive faculties unimpaired. Doubtless the shorthand writer can take down a lecture verbatim at breakneck speed, but we question very much whether a good shorthand writer can precis the same lecture if he were put to the test of doing so without help of his pencil and his note-book. Most of us who are not shorthand writers are able to give the gist of a lecture to which we have listened. We are able to follow the lecturer, to note his points, to fix in our memory the important items of his discourse, to carry away what in journalese is known as its "guts." Few shorthand writers can do that. Ask the parliamentary reporter what was the point in So-and-So's speech; he has to refer to his note-book, for the point has escaped him, alert as he has been throughout to register the brickwork, the words and the pauses even.

WHERE shorthand proves useful—and we willingly admit that there are times when a medical student will find his knowledge of the art of great use to him—is in case-taking, in noting down points rapidly. But most efficient note-takers evolve for themselves a system of abbreviated longhand, which is, on the whole, quite as efficient and much less dangerous to the memory and spelling. When we have arrived at the stage of pure phonetic writing, when the ward clerk is allowed to write, "I's reak to komdashun," or "wf dyd of thysis," shorthand will lose much of its dangers. At present we adhere to our opinion that longhand is by far the more preferable method for a student to take his notes in.

THE Annual Dinner of the Centurion Club will take place on Wednesday, December 18th, at Simpson's, in the Strand, at 7.30 p.m., chairman, R. Thompson, Esq., F.R.C.S. Will those members who have not received cards and intend to be present at the dinner kindly communicate with the secretary, Mr. Herbert Wallace, Foulden Lodge, Upper Clapton?

THE next meeting of the Physiological Society will be held on Monday afternoon at 4 p.m. Mr. Mollison will occupy the chair, and Mr. Gool will read a paper on "The Physiology of Insanity."

THE Pupils' Physical Society is to be congratulated upon the successful meeting on Wednesday night, when Dr. Douglas Bryan read his interesting paper on "Hypnotism." We are of opinion that the Society would do well to encourage the reading of papers from outside practitioners who are not members of the Society; a little novelty is usually interesting, it is generally instructive as well. The general practitioner who comes before the Society as a reader of a paper is able to tell us much that will be of practical value, and the interest displayed on Wednesday night is a proof of the fact that members welcome such outside help on occasions. The subject of Dr. Bryan's paper was somewhat too novel for our conservatism, and the comments on it were therefore much more inclined towards scepticism than to a cordial acceptation of the principles enunciated by our guest. Nevertheless, the criticism was good and pointed, and the evening must be considered as one of the best in the programme so far. We trust on some future occasion Dr. Bryan will favour us with further details of his experiences, and we hope that his suggestions will be borne in mind by members who are disposed to follow in the wake of Mesmer and his successors.

BROTHER LEO, to whom the world is indebted for that excellent bit of biography, the "Speculum Perfectionis," relates how the Master, arriving at a lazar house, which was dark and dim, took as his text for the occasion "Light." The curious may read—those who cannot follow the quaint provincialisms of Brother Leo's latinity, in the limpid and living French of his translator, Sabatier—that eloquent discourse, and then go and spend an afternoon at Out-patients. What a wealth of suggestion that dimly-lit room where the surgeons see their patients would have afforded to the blessed St. Francis. For "of a verity there is little light, and that light dim, almost to darkening." Nor

is the anæmic state of the electric light only demonstrable in the Out-patient department. In the examining rooms in the Front Surgery it is as bad, and to add to the misery of the workers there the plugs of the hand lamps have a lien only on their individual holes and answer to no others. Now that the front is being regenerated, may we suggest that the plugs be made interchangeable? It will save much unnecessary discomfort and trouble to dressers and patients alike.

Pass List.

University of London.—M.B., B.S. Examination, October, 1907.—Pass.—S. H. C. Air, E. Alban, T. E. Ashdown Carr, C. C. A. De Villiers, J. G. Phillips, R. J. Reynolds.

Group I.—Medicine, Pathology, Forensic Medicine, and Hygiene.—C. A. Barker.

Group II.—Surgery, Midwifery, and Diseases of Women.—G. N. Bartlett. J. B. Martin, H. Stott.

Royal College of Surgeons of England.

Primary Fellowship Examination.—H. L. Attwater, L. C. Panting, J. G. Saner, T. D. M. Stout.

Licence in Dental Surgery.—First Professional Examination, November, 1907.—Mechanical Dentistry and Dental Metallurgy.—P. C. Charlton, G. H. Hickman, H. E. Shepherd. Mechanical Dentistry only.—*N. D. Clarke, *H. S. Pugh, T. Townend. Dental Metallurgy only.—G. H. Rowley, *A. J. Schaefer.

Final Examination for the Licence in Dental Surgery—Parts I. and II.—*J. W. Doherty, *W. A. Dredge, *H. G. Dumayne, *Graham Hunt, *I. Levy.

Part II. only.—*R. J. Gibbings, *A. F. Hochapfel, *C. R. M. Peaty, *P. J. Proud, E. G. Robertson, *C. R. Rudolf, *R. A. Scott, *H. V. Sharp, *I. S. Spain, *H. Walker.

Part I. only.—W. F. Boxall, S. W. Chetwood, F. N. Doubleday, A. M. Henry, F. O. Hume, C. C. Jones, W. Grant Oliver, J. R. Palmer, W. S. Rutter, H. P. Tait, W. F. Whiteley, R. M. Wormald.

* Denotes completion of examination.

Papers by Guy's Men.

An Address on the Use of Filigrees of Silver Wire in the Cure of Herniæ usually considered Inoperable. By Lawrie H. McGavin, F.R.C.S. Eng.—*The British Medical Journal*, 16th November, 1907.

Notes of Four Cases in which Filigree Implantation was successfully applied to Abdominal Herniæ previously considered Incurable. By Lawrie H. McGavin, F.R.C.S. Eng.—*The Lancet*, 23rd November, 1907.

A Lecture on Associated Abdominal and Thoracic Diseases. By G. Newton Pitt, M.D. Oxon., F.R.C.P.—*The Clinical Journal*, 20th November, 1907.

On the Road in Lombardy.

"And so, signor, she died, and they buried her at midnight, without even a prayer over her, and there is no manner of means of knowing what became of her soul."

Ghost stories are not exactly "marching fare." One trudges more easily on a haunch of black bread, a string of salametti, and a cupful of Nature's own sparkling Falernian, but there is truth in the saying, "An agreeable companion is as good as a coach." Beppo certainly made the time pass. His little flock of goats, piebald, black, and ash-grey, straggled sedately along the fields, and Beppo himself and his mongrel trudged soberly in their wake. Now and again he amused himself by throwing stones at the sparrows. I thought it was in mere boyish fun, but Beppo explained later on that sparrows were good eating. Broiled in oil—olive oil, home pressed, with bits of the stringy pulp floating in it—they were a dish fit for Lucullus. What was an ortolan? Pah, a cinder. What a quail? Pish, a fragment of dry cartilage, left over from the polenta of last night's supper, tasted better. But sparrows, fat and juicy—why a man might be tempted to eat them on a Friday, and run the risk of purgatory for the pleasure of mouthing such morsels.

It is true Beppo did not kill many. The harvest of that morning was five draggled and limp passerines, which were strung together on a loop of coarse riverside sedge and fastened to Beppo's belt, whence they depended like a gruesome rosary. Nor was the manner of killing them a pleasant operation to watch. The stone, deftly thrown, gave each victim a comminuted fracture of wing or thigh, and Beppo secured them while they were yet in the lethargy of shock. Then he proceeded to crush their heads, sometimes between his teeth, more often between two roadside stones. It was no use expostulating. Centuries of vivisection have made the Italian peasant immune to feelings of finer humanity towards the lower animals. The struggle for existence has made him a keen fighter, a desperate preyer upon the wild fowl, no matter of what species. Beppo's flock was too dear eating for such as the shepherd. You get goat's meat in the allbergo, and any one who has tasted it at the famous "Clock Restaurant," in the cathedral square at Milan, can vouch for its excellence; but meat, for Beppo's class, is a dainty, not a daily necessity. Hence the massacre of the sparrows.

My acquaintance with Beppo was of short duration, and it was bettered under great linguistic difficulties. It is one thing to talk pure Tuscan at the Berlioz; it is quite another to converse successfully with a Lombardy peasant. Our introduction "was upon this wise," as Mr. Swinburne would express it. At a cross-road stood Beppo and his flock when I came tramping along. There was no sign-post—the Road Club is not up to date in Italy—and I was out of my bearings. Behind lay the city, to the left the hills, in front—what? In the circumstances Beppo's advice was sought and freely given.

In Lombardy everyone is courteous: the police arrest you with an apology; the barber shaves you with a malediction on the ancestry of the firm of manufacturers who turned out his wholly irreproachable razor. Even the excommunication service is softened, and sounds so beautiful that if ever I yearn to be put under the censure of the Catholic church I shall have the operation performed in Lombardy.

We joined forces, for the flock was destined for the same place as I. Beppo sang a song, made whistles from the sedges, pointed out the local sights, told me the names of this and that, and freely corrected my bad grammar according to the rules of Lombard peasant syntax. The natural man has no false, conventional modesty. A Milanese would have passed over a mispronunciation, as the foreigner habitually does, but Beppo, I am glad to say, was of sterner stuff. He softened my hard c's and elided vowels to show me how "the tongue flows." For which I can almost forgive his predatory instincts and his love of vivisection.

To enjoy the full pleasure of a country walk go a-trudge in Lombardy. Doubtless there are other places where the benefit of pure air, a blue sky, and the feeling of exhilaration which both give, can be enjoyed, but supreme —in Europe, at least—must be the north Italian road. There is nothing grand, nothing that forces attention. Nature paints only miniatures there, exquisite gems of scenery, each framed in a setting of grey olive and the beryl of oleander bushes. Sometimes she creates nocturnes of charming daintiness. Overhead drifting clouds, between which the half moon goes in and out like a partridge strutting in high grass, and all around the undulating landscape, blotched here and there with the dark shadows that represent clumps of trees, a farmyard, a wayside cottage, a stray allbergo. In open dayshine what a wealth of colour, combination, and effect for admiration. The long level stretch of the white road, with the bend far beyond, the stream coursing musically over the stones half a furlong below the slope, the straggling wild olives, and for music the cry of the merops sailing so high overhead that you cannot distinguish the magnificence of its iridescent plumage. A tramp, even in solitude, amidst such surroundings is an education for the city dweller.

Here's a rise, and the road goes curling upwards. A long stone wall, the boundary of some estate—for they have not yet realised in Italy that equality does not permit of property in land—with the stones crumbling and hot. Lizards and geckos peep out from between the crevices, or swing round the coigns to peep at you. A fig tree overshadows this half—let's hunt for chameleons, though it's early in the year and cold still. Here a smooth white stone, the wayside rest, underneath a prie dieu, marking the spot where somebody died, years ago. Lunch, Beppo, while the goats are straying down to drink at the stream below, now no longer gurgling and merry, but sedate and still, with its low, marshy banks covered with dandelions and droseras. If you lunch on a tramp you will carry with you till your end a memory of that meal time. Gastronomic recollections last the longest, for taste and flavour are the keenest reminders of pleasure or pain, the true factors in Semon's ecphory by which you recall your engrams and make up the major part of your mnema. If you doubt it, read Semon, or smell iodoform, and see what its scent recalls. You cannot feast lusciously on rucksack fare. You cannot have

> "Lasagne, so tempting to swallow,
> In slippery ropes,
> And gourds, fried in great purple slices,
> The colour of popes,"

but you can, at least, fare gloriously upon "wheat and wine and oil," and for the time being imagine yourself a lotus eater in the land of Arimasps. As dessert there are medlars, early cherries, and a hunk of sun-dried figs of which Beppo's dog gets a share. Then you may lazily recline against the wall, just out of the sun-glare, and amuse yourself by whistling to the lizards or hunting for a scorpion beneath the small stones.

It was under such conditions that Beppo told me the story of the ghost at the cross roads. It will not bear repetition here, for the Censor will probably delete half of it. The brief recapitulation of the plot even will doubtless be quashed. For there enter into it a divorce, the usual three, poison and a dagger, crucifixes and black coffins, confessions, midnight wanderings—blank —blank—blank—police investigation, another murder, unexplained sickness, weird apparitions, final excommunications, the Evil One, Master Leonard and the Sabbath, and a pell-mell of orthodox accessories to every decent ghost story. If someone wants a thesis for the Society for the Investigation of Spooks, let Beppo be applied to.

History is not for the peasant, and Beppo knew nothing of historical interest. That is the worst of tramping in Italy; there is so much talk of the present and so little memory of the past. At Thrasymene they think more of the latest engine funnel than of Hannibal, and if the truth must be told there is nothing that is in the least reminiscent of the Punic wars left. Thrasymene is a "frost," as great as Austerlitz and Ivry. Perhaps it is as well, for the history of the road in Lombardy is too parochial to arouse much enthusiasm. Beppo and his flock, and the lizards, are tangible realities, and their contemplation is more instructive to any member of the Pickwick club than a Marius-like brooding over the relics of old Lombard counts and warriors.

Papers by Guy's Men.

The Relation between the Thyroid and Parathyroid Glands (illustrated). By David Forsyth, M.D. Lond., M.R.C.P. Lond.—*The British Medical Journal*, 23rd November, 1907.

The Surgery of the Cutaneous Melanomata. By W. Sampson Handley, M.S. Lond., F.R.C.S. Eng.—*The Clinical Journal*, 20th November, 1907.

Children's Work in Medicine.

By Dr. LEWIS W. MARSHALL,
Senior Physician to the Nottingham Children's Hospital.

(Being the Presidential Address delivered to the Nottingham Medico-Chirurgical Society on November 6th, 1907.)

After a few introductory remarks, Dr. Marshall said:—

At the outset you may note that I speak of children's work as this period of medicine. I do so purposely, because it is the correct description of it. It does not lend itself to specialism. I agree with Dr. Gee who wrote, in 1883, that "Art is not yet so vast, nor human wit so narrow, that Diseases of Children need be made a speciality; and I believe that none of us are specialists in the popular and evil sense of the word." He also points out that all the early writers upon this subject have been men of wide interests and knowledge of medicine. Another of our great writers says: "Children's work is no speciality in the common acceptance of the term. It does not deal with an organ, but with the entire organism at the very period which presents the most interesting features to the student of biology and medicine. Infancy and childhood are the links between conception and death, between the fœtus and the adult."

Children's diseases, I conclude, came in with the development of man, but the literature upon this subject dates only from the time of Hippocrates. He recognised but few infantile disorders, though amongst them he attached most importance to teething and convulsions, in which he was not very dissimilar in opinion to many of those who practise medicine to-day. Happily the gum-lancet was then non-existent, and his capacity for doing harm was proportionate.

After a further historical survey, Dr. Marshall proceeded: We now come to the present time, and still the lament is that the schools do not provide adequate methods for instruction upon this topic. The students who frequent them are mostly left to search for knowledge "on their own" after qualifying. All those who have presided at the Children's Section of the British Medical Association refer to this defect in teaching, and many plead for more attention to it, but none with more earnestness than the recently enrolled amongst us. Surely a good sign which augurs well for the future! My explanation for the prolonged indifference is that those in authority are afraid of putting the hall mark of specialism upon this class of work. Nothing is more erroneous, and even if such a result did accrue in some cases, the fact that those who, in after life, will have to deal mostly with children, would be better equipped for the purpose, should amply justify the step. Let us look forward to the day when children's diseases are taught in every medical school by someone who, by his earnestness and enthusiasm, is fitted for the task; not by one who is asked to sandwich it in between some other subjects, to him of more interest and with which he is more at home.

The development of the Society for the Study of Diseases of Children was an emphatic protest against the inertia which has affected the teaching bodies of this country, and well it is doing its work. The Society cannot do more, however, than to so emphasize the fact that they are endeavouring to fill in the gaps left by those who have hitherto undertaken the work.

Now, "having had my little say," on what to many is a sore point, let me pass on to try to enlist the sympathy of those who may be somewhat lukewarm in the study of children. Thirty years ago when I "plumped" for children, an older man temporarily discouraged me by saying that "there was nothing to be done or learned in children's work." How wrong he was in his judgment, and how blind to facts, time has shown me. He lacked an essential in the treatment of child-life—keenness of observation, without which little can be gleaned. As a means for such training, a children's hospital is ideal—to *see* is the first thing to enable us to learn. The Sherlock Holmes of Conan Doyle is not a bad type of man for the work. Gentle, yet firm, with patience unlimited; the touch of a musician, and the observation of the said Sherlock Holmes are qualities which are needed to excel. Besides these, there is a something which it is difficult to express in words, unless mutual sympathy and understanding can convey what I mean; something which makes some men succeed in winning the confidence of children where others fail, however good they may be in the other qualities required. It is a quality which will make one man train a dog or horse with ease. This *is* not learned, it is a distinct gift. Whilst admitting the truth of this, I know that given kindliness of heart and all that goes with it, any man may, if he will, soon win the trust of any child. This is the initial step for treating them. Do not begin by assuming that they are miniature men and women, but recollect that

you are handling what has been well described as "the Grammar of Disease" (Goodhart). This unfolds itself at every stage, introducing modifications by right only of development, in diseases which are common to the whole Seven Ages of Man. Child-life can claim no exemption from disease of adult life, not even the housemaid's knee of the "Three Men in a Boat," but it does alter and modify them in proportion to the stage of development which has been reached. Recognising this, we seek to attain, where possible, an *acquired constitution* by eliminating what heredity has bestowed. If this ideal is unattainable we must so hold that influence for harm in subjection that its power is minimised and postponed. Surely nothing in this is special! To view life as one great entity of which the infant is the stepping-stone is to give to children's work new force, as well as more interest and much pleasure to the worker.

It may be as well at this point to remind you of some of the differences we meet with in development, as there is scarcely a tissue or organ which behaves in the same way in the different periods of life. In early life the bones vary in the amount of phosphates contained, and have other chemical differences. The anatomical structure, too, is different, hence the many diseases which commence in the cartilaginous epiphyses. The bones of the skull, also, are not without danger to their contents. The flexibility of the vertebral column leads easily to production of deformities. The base of the thorax is wide, whilst its height is less, and the respiration, owing to the set of the ribs, is less costal. The brain, the digestive organs, the salivary glands, and pancreas all come into play at several stages of development.

The blood and organs of circulation show many interesting differences when compared with those of the adult. The relative absence of fibrin in fœtal blood and that of the newly-born is not without its importance. The size of the heart and the blood vessels in its immediate vicinity are well adapted to the necessarily rapid growth of the parts supplied by the latter channels. The growth of the arteries varies in every part to provide for Nature's call, to perfect her plans. The lymphatic system is much in advance of other structures. We may note, too, that there are anomalies in disease peculiar to the infant and child only, such as those of the umbilical cord, ductus arteriosus, ductus venosus, atelectasis, and many others.

The therapeutics are very different from those of the adult. Many drugs ill-borne by adults are well tolerated by children, and *vice versâ*. A large and important matter has also to be directed by us—the nutrition, the feeding, and the hygiene of child-life. By the perfection of this we avoid disease and tend to procure that acquired constitution I have already alluded to. Physiology and chemistry are the base upon which we mainly build this structure, although to clinical observation is left the final settlement of the question. The physiology of child-life is still very deficient, and the chemistry of food —milk peculiarly so—is still more unknown. Clinically we can do much to assure success, whilst waiting for this knowledge, though I do not wish to appear to disparage their aids even with these defects. On the contrary, I look forward to the time when light may be thrown on much which is now in gloom and shadow. Suffice it to say that each one amongst us should guide the parent, who, unlike the lower animals, possesses no intuitive knowledge of what her offspring needs. To do so efficiently, it is essential that systematic teaching of nursery hygiene should be obtainable. To-day, for nursery hygiene, feeding is mostly considered to be sufficient. This to many is the beginning and end of the subject. The man who thinks it most improper that he should be consulted about the clothing of a baby because it is, as was once said to me, "a woman's job," is wanting both in worldly wisdom and a knowledge of his proper responsibilities. Until the truth of this is realised and acted upon, tradition, with all its faults, will hold its sway, and child-life will suffer. The recent trend of opinion is in favour of the teaching of nursery hygiene in girls' schools, and there is much to be said for it. Before this can be done with success, it is surely necessary that our profession, who are expected to teach others, should be instructed. The nurse is usually held responsible for everything which belongs to nursery hygiene. Previous association with children is generally deemed to be a training sufficient for *her*. It appears to me, therefore, that it is necessary :—

1. For the medical schools to teach this subject to their students.

2. That those who may be deputed in the future to supply information to schoolgirls, or others, should themselves have received training from our profession, and not be allowed to glean their knowledge from pamphlets and books.

3. That such teachers must have some practical knowledge of the subject.

Let us, as a profession, put our own house in order before we disturb our neighbour's. I have

stated that it was hinted to me at the outset of my career that there was nothing to be learned in children's work. If I have made it clear to you that "the child is the father of the man," it is obvious that all work given to the treatment of young life will necessarily be a good preparation for the study of disease in the adult. If, moreover, I am correct in saying that children's work is the "grammar of disease," why not give the clinical teaching of students first in children's hospitals? This course might probably be beneficial to all. The observation which gives to us the knowledge of objective symptoms of disease and the subsequent interpretation of their value will be of advantage in similar work in the adult, when we also derive assistance from subjective symptoms. The position occupied by the child, the condition and colour of the skin, evidence of pain, the facial expressions and markings—known to us as Jädelot's lines—the rate and character of the breathing, the type of cough, all these tell their tale to those who read aright. Many others might be added. It is to such observation we must mainly trust, because speech or intelligent description is as yet unattained by the child.

Examination by the stethoscope in the early periods of life requires much patience and tact. Many hints may be gained from those who are accustomed to its use in children. The disease may be the same in the two extremes of life, but the symptoms and inferences to be drawn therefrom are very different.

Dr. Gee said in the address from which I have previously quoted that he had learned much in his adult work at St. Bartholomew's which assisted him in children's work. Many, I think, would say how much they owe to children's medicine for their knowledge of disease in the adult. There is much, believe me, in disease which is common to the two extremes of life, though at first sight it seems to be improbable.

The prevention of disease is, however, a higher and better work than to treat it when it is assured; and the study of physical development is not without its value and its interests. By the control of exercises and athletic pastimes in the developing child much may be done in this direction. To educate muscle, that is to say, to strive at perfect co-ordination, should be our goal. It is true we English are fond of games, but their control with the object of progressive physical development without injury to the individual leaves much to be desired. Competition should be avoided until the physique is quite established by previous well-supervised, all-round training commenced at an early period of life. The common custom is to adopt such games at any age irrespective of this preparation. Such impulsiveness may, and I fear often does, lead to physical harm. With young girls a particular pastime is indulged in, because it happens to be the fashion for the moment. Happily the public school life of the girl to-day does much to counteract this evil.

The weight and height of either sex should be scrupulously kept, not with a view that the child should approximate to a given standard, but that these may have a distinct relative value in the individual. Close supervision and direction in these matters will assist much in rendering abortive those disastrous inheritances, with which child-life in this go-ahead time is apt to be afflicted. By this means a neurotic "jumpy" child—one on wires, in fact—may have all its parts co-ordinated, and its brain, which is usually a good one, is given a level chance. Without such physical help this pet of the schoolmaster reaches its mental acme at an early age and gets "no forrader."

Clouston points out in his admirable monograph on the Hygiene of the Mind, how much the old saw of "A healthy mind in a healthy body" is true. Scholarship must not be won at the perilously early age that the modern scheme of education makes possible. Our object should be to build up and ensure, at the period of life when alone it is possible, a healthy, even-working machine which tends to the future success in life of the individual and begetter of his species. The "national asset" of which we hear so much to-day—in fact, the child—may thus be started on its career for future good with a physique calculated to last and bear the strain of this all too strenuous existence. This complete correlation of muscle and brain will also increase the prospects of longevity; both the State and the individual will profit thereby.

We come now to brain development where heredity plays an important part for good or evil. The effects of this development towards strength or weakness are more clearly exhibited than in any other organ. It is, therefore, even much more than in physical defects essential that we endeavour to direct such tendencies into good channels, and thus obviate the moral disaster which may ensue. Of equal advantage is it to recognise the temperament and special bent, if such exist, with the view of making the life's work congenial and profitable to the man. The brain is the dominant organ of the body—it is, in fact, the child. What are its develop-

mental processes? I may remind you briefly that the brain at birth is larger and more advanced *in bulk* than any other organ, and that it reaches its full development in this particular about the eighth year. After birth, the first act of a baby is to suck; this is purely automatic. He recognises his mother by touch and smell. At or about the third month he smiles and exhibits some recognition of things outside himself. At the sixth month Darwin states that sympathy is first displayed; jealousy at the fifteenth month. The same observer noted in his own child the signs of moral qualities—differences between right and wrong—inhibition at the thirteenth month. Soon will power commences to display itself and rapidly increases until manhood is reached. The moulding of this power is above all things the most difficult in the perfecting of the individual; the future is at stake. Too much harshness and insufficient encouragement are equally bad; we must follow Nature and not forestall her. To struggle to procure the premature development of the intellectual faculties can only result in failure. How frequently this mistake is made! To commence to educate a child in the technical sense before the seventh year is equivalent to this forestalling. Before the seventh year children learn well by imitation, and Froebel's system is based accurately upon what we know about brain development about this time. That system teaches order, punctuality and observation, and acknowledges by its method that the body comes first and the mind last. After the seventh year let technical education commence and be carried on with a due regard to Nature's warnings of strain and overpressure. "Let us mark time" when such warnings are in evidence. At or about puberty important physical calls come in when intellectual efforts should be restrained. Is that so to-day? I think not. The boy who shows exceptional ability is spurred on irrespective of this physiological knowledge to further efforts, and he is lucky if he escapes a breakdown. From the fourteenth to the seventeenth year is the time for such pressure, and much may be applied if sufficient sleep, food and physical recreation be provided. There are many children who mentally "come late," and fortunate are they who do so. They are but illustrations of Nature's determination to grow the body first. Clouston says, "Where the brain grows rightly the mind develops naturally." We have in these days to discriminate between the sexes in this matter. A girl at puberty is in advance of the boy intellectually. She is led, too often for her own good, to ignore her bodily requirements. She needs no inducement to apply herself unduly to such pursuits; the boy has, fortunately, the counter-attraction of athletics which safeguard him, and these, to a limited extent, are now provided also for the frailer sex.

The higher education of women can only be productive of good if conducted with such restrictions that the health of the body is assured. A more pitiable sight than the physical wreck too often seen of the "blue stocking" I do not know. Unfit to govern herself, let alone direct others, she has no place in the world which she can occupy with comfort or success either to herself or anyone else. To-day both men and women must work, and the latter need not weep, as the song says, if they can but realise that Dame Nature will have her due.

We may now, I think, consider with advantage some perversions of this mental development, which may be in part due to a non-recognition of Nature's plan. The neuroses of infant life afford a large field for study. Heredity has much to say in their production no doubt, but I am of the opinion that the more common amongst them should be attributed to errors in rearing which ought not to exist. Convulsions, laryngismus, enuresis, stammering, night-terrors and most of the cases of hystero-epilepsy which occur at about the evolution of the second teeth come within this statement. Infantile convulsions, other than those due to organic growths, to hæmorrhages causing birth-palsies, to acute febrile diseases or cyanosis from any organic cause, are always the sequelæ of malnutrition. The cutting of the teeth, which even the most modern writers associate with the production of convulsions, cannot primarily be be said to have much to do with their development. The evolution of a tooth in a healthy, well-kept child should be considered with indifference. It is too often used as an explanation by the practitioner and the parent for numberless things. Taylor says in his "Nervous Diseases of Childhood and Early Life," "Such convulsions frequently occur during the first dentition, and are ascribed, probably with good reason, to the irritation of that process as an exciting cause."

On the contrary, Gowers and others are more or less in accord with the opinion expressed by me; and one writer, an American whose name I forget, is entirely so. This view of the question is not in harmony with daily practice, and it cannot be too emphatically insisted upon that where such troubles exist errors in early rearing have to answer for them. It is one of

the traditions dear to the grandmother which should be swept out of the nursery with many others equally inaccurate. I may here be permitted to refer you to a paper by Finlayson in the *British Medical Journal*, September, 1874, on "Dentition."

Eustace Smith has recently again called attention to the importance of adenoids in infants as an agent in the production of laryngismus. He goes so far as to give this possible cause a very prominent position, which I regret to see, because I must differ from him. Laryngismus used to be viewed by all with much anxiety, indeed, terror is not too strong a word to express the parents' feeling about the matter. Sudden death was freely talked about, and the parents' distress thereby enhanced, but I cannot say I have ever seen such a result. These cases always occur in rachitic children, and both prevention and remedy lie in the correction of that malnutrition.

Enuresis, or bladder-stammering, the *bête noire* of the family doctor, finds its easy cure in the early stage in the study of defects of tissue change. Let the nervous instability by long repetition be established and the horse is of a different colour; even then, if treatment on correct lines be adopted, success is certain.

Speech-stammering usually begins in the fourth year, and is another ailment which can primarily be attributed to malnutrition. It is true that so imitative are children at that age that the habit is easily acquired if there be association with one who so suffers. The proclivity to acquire it must exist, and this can be remedied.

Night terrors find an undoubted origin in the abdomen. The cases of hystero-epilepsy are worthy of attention; they begin and are indirectly caused by the evolution of the second teeth. The non-recognition of the importance of this period of life is widespread. Owing to the tenderness of the jaws and subsequent defects in the number of the teeth, the mouth is ill-prepared to deal with the usual foods offered to the child. Let this be realised. Get rid quickly of the tissue waste, order the habits of the child, and the trouble ceases. As Ashby says, these fits "tend to grow worse if much attention is paid to them, and the child thinks that his or her fits are a source of interest to the family circle. They tend to cure if treated with wholesome neglect." I infer that he means also the use of a reasonable and healthy life. These fits, like all the neuroses mentioned by me, are what he calls "warning signals." Let them persist, and the issues may be uncertain. These evils should be anticipated by those in charge of the education of the child, when the stage of intelligence and conscious imitation has been arrived at. To quote Ashby again, "It is the business of training and education to influence the accommodating self." The part which heredity may play in the production of such fits should be corrected by a suitable environment during this impressionable period of life. To depute the care of such a child to the uneducated, or to those who are otherwise unfit, is, to put it mildly, unwise. Healthy occupation and hearty play are the best means to help us to overcome this vicious tendency, and the value of the hypnotic treatment of modern medicine is proportionately discounted. If such a child is neglected, he will undoubtedly pass into the world unfit to cope with its trials, and will occupy a platform with a rapid downgrade towards the lower life. Physic is serviceable, no doubt, but it cannot, if this broad view of the subject be taken, occupy other than a very secondary place.

There is another subject, gentlemen, I should like to refer to. It is "only rickets"—so this affection is somewhat contemptuously described by many. To this malnutrition more deaths may directly or indirectly be attributed than to any other cause. This should enable us to treat the question with more respect than is usually meted out to it. If we admit that rickets is in the main preventible, the appeal to us becomes much stronger. Its prevention is intimately associated with the knowledge of nursery hygiene, and to errors of feeding in early life a very large majority of cases may be traced. In the more advanced and most perfectly manufactured state as "Scurvy-Rickets," I do not know it in my own work.

Scurvy-rickets exists, and that it will continue to do so whilst the baby is made, what a witty layman has described as "a professional taster of patent foods" is certain. Amongst the relatively well to do this error is most pronounced. It is in their class that I have been asked to see scurvy-rickets in its worst form. Why should we act under the guidance of the manufacturing chemist, who vaunts his stuff with well got up advertisements, bolstered up by pamphlets, of which the matter is obtained haphazard from any and every source? "Only rickets" hovers over and gives added danger to all the illnesses of child-life. It creates disorder in all nervous processes and mars the physical appearance in later years.

The bane of infant life, and as stated before the chief agent in the increase of the death rate,

rickets claims from us, as a profession, much serious thought. I have presumed to say that it is preventible; the fact of its existence is the most severe condemnation of the method of rearing infants to-day. Let us recognise the truth that the cause of the existence of this scourge may possibly be traced in no small degree to our own apathy and indifference in the study of infant life and its requirements.

Happy is the child whose mother is capable of giving it the natural means of sustenance, and thus helping it to survive the perils of most systems of modern feeding with all their vagaries.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

"The Law is an Ass."

DEAR SIR,—I was rather surprised to notice this afternoon that you had stated in "Passim," of the last GAZETTE, that the expression "the law is an ass" is one of Sam Weller's remarks. Your statement may be correct, but Mr. Bumble made a similar remark. In the edition I have, it is in Chapter XL. of Oliver Twist, rather towards the end of the Chapter, and refers to the supposition that a wife acts under the direction of the husband. The text is, "the law is a ass—a idiot."—Yours faithfully, W. FRANK COLCLOUGH.

Hillsdon, Sidmouth, November 18th, 1907.

A Patient's Letter.

DEAR SIR,—If patients' letters are of any interest to your readers, you might like to print the enclosed.—Yours truly,

26th November, 1907. C. H.

> Sir—Please will you send me some more medicene my Blood as been out off order gums have swollen this eat slops get some oatmeal stout nerves get down ache so my left side short Breath comes on at times somtimes in my back nasty in my mouth stiff round my neck little better than I was wind at times.

Gordon Museum.

SIR,—Anatomy is somewhat dull at all times, and doubtless any attempt of those in authority to make more interesting the time spent in the study of it, is one which should enlist our sympathetic congratulations. But, Sir, the attempt has been carried to excess in the case of the anatomical department of the Museum. The time spent there now is so interesting that work is prosecuted only under considerable difficulty.

The birds of the air are come among us, and are even now occupied in working a snowy canopy over the specimen cases. This, perhaps, is seasonable, and I pass it quickly by. Would that I could as quickly avoid the onslaught of the foes which lie hidden above.

An hour with the enemy yesterday, in which he twice proved his superiority, successfully and visibly, before I was fully aware of his presence, has persuaded me to make the facts known to you.—I am, yours faithfully,

H. B. C.

27th November, 1907.

Patients' Mistakes.

DEAR SIR,—I see in the last issue of the GAZETTE that you are hoping old Guy's men will furnish you with some examples of funny and out-of-the-way remarks of patients.

Unfortunately, one cannot always call to mind the "gems," but, perhaps, the remark made to Dr. Evans by one of our patients a week or so ago may be original. At least, we had not heard it before.

A woman suffering from mitral regurgitation and stenosis, told him that when she was ill some few years previously, the doctor told her she had a "deluded heart." To us, the only solution seems to be "dilated."

A day or so later a man gravely informed us he had only had "depressed measles" when a child.

Dr. Evans mentioned to me the case of the woman who had suffered from the many troubles incidental to "nerves." On her return from hospital, she remarked, "Ah, it was them 'epidemics' in my side that did me good." On inquiry, it was found she had had hypodermics for her neuralgia, etc. Truly a "multum in parvo."

During a chat over the correct methods of breathing, a lady got a little bit fogged (she had been talking to her "masseuse," and so was quite conversant with "clavicular," "dorsal," and the rest), and said it was wrong to use the "abominable" muscles. She recognised her mistake almost at once, but it sounded funny, though I know this is far from original.

Does the present generation remember the two examples in the *Guyoscope* (I believe it was that excellent and amusing production), of the man who had been in Clinical previously for the "redeemer in his feet," and of the old man in the Front Surgery, who had had a "cathedral passed up his arethusa"?

I, personaliy, always regard these two as the best I have heard, but possibly they have been handed down, and quoted often. If so, you must forgive me, and pardon my ignorance.

Wishing you every success—for the GAZETTE is always read before the *B.M.J.* or other periodicals are opened.—I remain, yours truly,

Leyland, Goring-on-Thames. H. S. BROWN.

26th November, 1907.

[We are grateful to Dr. Brown for his notes and good wishes. Such letters as his are always welcome, for they are a proof of practical interest in our little paper, and therefore inexpressibly encouraging.—ED. GAZETTE.]

Shorthand.

DEAR SIR,—May I venture a protest against your assertion in the last issue of Passim, to the effect that shorthand is not a desirable acquisition for a medical student to attempt to obtain? I have practised Pitman's system for many years, and as a student I found it invaluable in taking down lectures. Instead of placing imaginary difficulties in the way of those who desire to become proficient in the art, you should encourage students to master the system. There are numerous occasions on which a knowledge of shorthand will prove useful, and the little trouble taken, and time spent in learning it will be amply repaid afterwards.—I am, etc.,

A MEDICAL STENOGRAPHER.

[We refer to this note in Passim.—ED. GAZETTE.]

Guy's Hospital Reports.

Volume LXI. of the Guy's Hospital Reports is now being published, and will be ready for issue very shortly. The following is the list of contents:—

I. Observations upon Cheyne-Stokes' Respiration. By G. Newton Pitt, M.A., M.D., F.R.C.P., M. S. Pembrey, M.A., M.D., and R. W. Allen, M.A. M.B.

II. Observations upon two Cases of Cheyne-Stokes' Respiration. By Frederick Taylor, M.D., F.R.C.P., M. S. Pembrey, M.A., M.D., A. P. Beddard, M.A., M.D., F.R.C.P., and Herbert French, M.A., M.D., F.R.C.P.

III. Aspiration of a Pneumothorax under the X-Rays. By John Fawcett, M.D.

IV. Micrococcus Melitensis and Antiserum. By J. W. H. Eyre, M.D.

V. A Note on so-called "Metastatic Pulmonary Cerebral Abscess." By H. C. Cameron, M.B., B.C.

VI. Observations on a Case of Chyluria occurring in England. By Arthur F. Hertz, M.A., M.D. Oxon., M.R.C.P.

VII. Diphtheroid Organisms in the Throats of the Insane. By J. W. Eyre, M.D., F.R.S. Edin., and J. Froude Flashman, M.D., B.Sc.

VIII. Mechanical Principles in Dentistry. By J. B. Parfitt, L.R.C.P., M.R.C.S., L.D.S. Eng.

IX. The Relation of the Kidneys to Metabolism. By F. A. Bainbridge, M.A., M.D., and A. P. Beddard, M.A., M.D.

X. Secretin in Relation to Diabetes Mellitus. By F. A. Bainbridge, M.A., M.D., and A. P. Beddard, M.A., M.D.

XI. The Diastatic Ferment in the Tissues in Diabetes Mellitus. By F. A. Bainbridge, M.A., M.D., and A. P. Beddard, M.A., M.D., F.R.C.P.

XII. Gastrojejunostomy. By R. P. Rowlands, M.S.

XIII. Primary Embolic Chorion-Epithelioma of the Vagina. By Henry Thomas Hicks, F.R.C.S. Eng.

XIV. Upon the Extent to which Widal's Reaction Persists after Recovery from Typhoid Fever. By M. G. Louisson, M.B., and Herbert French, M.D.

XV. The Treatment of Caries of the Ribs. By R. P. Rowlands, M.S.

XVI. New Growths of the Testicle. By G. W. Nicholson, M.A., M.D.

XVII. The Place and Value of some Methods of Examination of the Urinary Organs. By R. P. Rowlands, M.S.

XVIII. Certain Features Characteristic of Teleostean Development. By Richard Assheton, M.A.

XIX. The Passage of Food along the Human Alimentary Canal. By Arthur F. Hertz, M.A., M.B. Oxon., M.R.C.P.

XX. The Subsequent Histories of Patients who have Recovered after Operations for Perforated Gastric or Duodenal Ulcers. By Herbert French, M.A., M.D., F.R.C.P.

XXI. The Immediate and Later Results of Gastro-jejunostomy for Non-Malignant Lesions of the Stomach or Duodenum. By R. P. Rowlands, M.S., and Herbert French, M.D.

XXII. Specimens Recently added to the Pathological Museum. By Lauriston E. Shaw, M.D., and John Fawcett, M.D.

List of Gentlemen Educated at Guy's Hospital who have passed the Examinations of the several Universities, or obtained other Distinctions, during the year 1906.

Medallists and Prizemen for 1906. The Physical Society, 1906. Clinical Appointments held during the year 1906. Dental Appointments held during the year 1906. Medical and Surgical Staff, 1907. Medical School Staff—Lecturers and Demonstrators. The Staff of the Dental School, 1907.

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BOOKS, &c., RECEIVED.—Bunge's Organic Chemistry; Bourcurt et Cautru's Le Ventre (Massage); Hutchison and Collier's Index of Treatment; Eyre's Hygiology; Indian Medical Gazette; Journal de l'Anatomie et de la Physiologie; Bristol Medico-Chirurgical Journal; The Medical Review; Birmingham Medical Review; Geneeskundige Bladen.

Hypnotism and Treatment by Hypnotic Suggestion.

Paper read before the Physical Society by Dr. DOUGLAS BRYAN.

GENTLEMEN,—The subject upon which I am about to read a paper is one full of interest both from its scientific and its therapeutic aspects, though so little is known about it by the medical profession, and also by the general public. This is easily accounted for by the fact that it has been mixed up so much with charlatanism, that people generally have either left it severely alone, or judged it solely from some stage show which they have seen or heard about, or have formed their opinions regarding it from the sensational fiction into which it is introduced. Such being the foundation of the average man's idea of hypnotism, it is needless for me to point out that very strong prejudices are held against it, but in this paper I hope to point out the fallacies which abound and to give an intelligent, practical, and useful idea of the subject. Literature, both English and foreign, is well supplied with many excellent books on the subject written by unbiassed and competent observers.

Among the English authors I might mention Lloyd Tuckey, Milne Bramwell, and Kingsbury, and of the foreign, Bernheim, Wetterstrand, and Forel. Many others, of course, could be quoted, but it is unnecessary. I would like, however, to mention Hudson's Psychic Phenomena as a most instructive and interesting book.

I am afraid I shall only be able to give a very brief résumé of this vast subject, but if I can stimulate sufficient interest for you to make observations for yourselves I shall have done some good, for I feel convinced that if you are successful in obtaining satisfactory results you will appreciate that you have an additional method with which to cure and relieve your patients. I just want to touch on the history of hypnotism, but in dealing with this part of the subject I intend to be very brief, mentioning little more than the names of the pioneers of the science.

The first name to which I must draw your attention is Mesmer, who was born 1734, and died 1815. He undoubtedly did a great work, but it was so mixed up with charlatanism that he has now almost been forgotten except by the name Mesmerism, which is known to us all. The next is Dr. John Elliotson, born 1791, and died 1868. He did a great deal of work, and wrote much on mesmerism, but received practically no encouragement, being scorned and insulted by the medical authorities of that day. After Elliotson, we hear of Dr. James Esdaile, born 1808, and died in 1859, most of whose work was carried on in India. There he performed thousands of painless minor operations, and about three hundred major ones, during mesmeric trance. It was said at that time that the natives were much more susceptible to mesmeric influence than Europeans, and that thus he obtained his remarkable results, but on his return to Perth, in Scotland, he informed Elliotson that the Scotch people were just as susceptible as those of the farthest East. He, like Elliotson, received very harsh treatment at the hands of the medical profession of his day, but this did not deter him, and we are indebted to him for having left records of his marvellous results.

Dr. James Braid is the next authority, and to him must be given the credit for showing us that hypnosis could be induced by suggestion, this doing away to a great extent with the methods of Mesmer. He was the first to use the word hypnotism and its various derivatives, though unfortunately the word is not very apt, yet, until a better can be found, we must use it. He did an immense amount of good work, and like his predecessors had to put up with great opposition and bad feeling, but nevertheless he persisted. He was born 1795, and died 1860. Hypnotism almost ceased to be practised in England after Braid's death, and its revival at the present day has been due to the untiring efforts of Dr. Liébeault of Nancy, and he may be justly called the pioneer of hypnotism in medical practice. Liébeault was born in 1823, and in 1864 settled in Nancy, where he practised hypnotism gratuitously amongst the poor for many years; he has just lately died.

The commencement of the present revival in England was apparently due to Dr. Lloyd Tuckey, who, in 1888, happened to be in the neighbourhood of Nancy and visited Dr. Liébeault out of curiosity. He then went to Paris and Amsterdam to see the clinics in those places, and on his return to England commenced practising hypnotism among his patients. He has been doing excellent work since, and his book on "Hypnotism and Suggestion" is now in its fifth edition. Since he started he has had many followers, chief amongst whom I might mention Dr. Milne Bramwell, Sir Francis Cruise, Dr. Felkin, Dr. Kingsbury, and Dr. Woods. Lastly, I must add that we now have a society of medical men which is called "The Medical Society for the Study of Suggestive Therapeutics." Dr. Lloyd Tuckey is our president, and although the society has only been in existence barely a year, we have members from all parts of the United Kingdom, some being of high standing in the profession: so we now feel convinced that the practice of medical hypnotism has come to stay, and before long will be recognised and used by the profession as a whole.

I must now proceed to give you a little idea of the theory underlying the treatment by hypnotic suggestion. It is a generally recognised fact that the mind of an individual has an influence over the bodily functions. This is better known to medical men than to the general public, and medical men in general practice have greater opportunities for observing this fact than those doing hospital work. I will quote one or two examples to show what I mean. A patient has been given occasionally a hypodermic injection of morphia for sleeplessness; later the medical man is called to see this patient again, and instead of morphia, water is used hypodermically, but

the patient is under the impression that morphia is given as before, and the result is probably quite as satisfactory. Again, a patient is given an opium pill at night for the relief of some abdominal pain. During the examination of the patient inquiry has been made as to the action of the bowels, which have been found to be constipated. The patient evidently concludes the pill is given for the constipation, for the next day he states, quite innocently, and with a pleased expression, that the bowels have acted well after the pill, for with a great number of patients a pill is considered only of use as a purgative. Scores of such cases could be quoted, and especially so by general practitioners, so it is needless for me to give further examples; but what I want to point out is this, that these results are solely obtained by suggestion, which takes root in the brain and obtains a response in the carrying out of the suggestion by some bodily function. Such being the case, I will now confidently assert that the mind of the individual has an immense influence over the bodily functions, and that this is obtained by suggestion acting on the mind of the person, the mind then influencing other parts of the brain and thus getting different organs of the body to react to the stimulus. The suggestion may be received either verbally or through one of the senses, and may arise from without or within the individual.

Now, man has, or appears to have, two minds, each endowed with separate and distinct attributes and powers; each capable, under certain conditions, of independent action. It is impossible to prove this assertion directly, just as no absolute direct proof can be adduced of the truth of Newton's hypothesis of gravitation, of the atomic theory, or, indeed, of any scientific theory, but the fact that the literal correctness of a given hypothesis is not demonstrable except by results, in no wise militates against its value. Newton's theorem is undemonstrable except from its results, its correspondence, however, with every known fact, the facility with which astronomical calculations can be made, and the precision with which every result can be predicted, constitute a sufficient demonstration of its correctness to inspire the absolute confidence of the scientific world. The most that can be said of any scientific hypothesis is that it corresponds with every known fact, that everything happens just as if it were true. This can confidently be said of the statement that a man has two minds, or, if you like, that his one mind possesses certain attributes and powers under some conditions and certain other attributes and powers under other conditions. It is sufficient to know that everything happens just as though he were endowed with a dual mental organisation. Evidence of the truth of this assertion is overwhelming, but considerations of time prevent me from advancing any proofs on this occasion. We are justified by all the rules of correct reasoning in assuming that man has two minds. One, the objective mind, is that which we consciously use in the waking state, and which takes cognizance of the objective world; its media of observation are the five physical senses. The other, the subjective mind, is in constant, though unconscious, use, whether we are asleep or awake. It is independent of the physical senses, and is the seat of the emotions, and the storehouse of memory. It performs its highest functions when the objective mind is in abeyance, that is, during hypnotic sleep. Now the subjective mind is constantly amenable to suggestion, and we have seen how suggestions which without doubt act upon this mind, obtain response in various parts of the body. It is natural we should look for a means by which we can act upon this apparently inaccessible mind, and we have found that by making use of hypnotism we have a means at hand of overcoming the difficulty. By hypnosis is meant a state of induced sleep in which the objective mind of the person is rendered wholly or partially in abeyance, thus bringing to the fore, more or less, the subjective mind which can be acted upon by suggestion. The depth of hypnotic sleep varies greatly in subjects, from a slight drowsiness to a deep sleep in which, on awakening, there is no recollection of anything that has been said or done within certain limits. I should here like to point out that to act upon the subjective mind it is not absolutely necessary to hypnotise the subject; all that is required is that the person should be in a passive or receptive state, but it is found that results are generally obtained more quickly if hypnosis in some degree is present. I shall, later, give one or two examples of suggestion acting during the waking state.

I will now briefly describe some of the methods of inducing hypnotic sleep; but it must be remembered that there is no one infallible way; so, if we fail by one method we must adopt another, or even combine different methods. Before detailing these to you I will first point out a few fundamental conditions which must be observed, whatever method is adopted.

Firstly.—The subject on whom hypnotic sleep is to be induced must be perfectly willing to submit himself; his mind should be, as far as possible, at rest, and all doubts regarding hypnotism should have been, as far as lies in one's power, allayed.

Secondly.—Anything of a distracting nature, such as noise, or bright lights in the room, should be avoided; in short, the surroundings should be such as would best conduce to sleep.

Thirdly.—The hypnotist should be confident, having confidence in himself, and inspiring his patient with the same.

These details having been carefully observed, the induction of hypnosis may be commenced by one or other of the methods I am about to mention.

Mesmer placed his hands upon the shoulders of his patient, then brought them down the arms to the extremities of the fingers, and after holding the thumbs a moment repeated the process a few times; he also touched the seat of pain with his fingers and the palm of his hand, following the direction of the nerves as much as possible.

Dr. Esdaile put his patient to bed in a darkened room and directed him to close his eyes, and to try to go to

sleep. He then made passes, without contact, over the whole body, and from time to time breathed gently upon the eyes; these passes were continued for about an hour, and at the end of that time many of his patients were sufficiently influenced to undergo operations without pain.

Dr. Braid got his patient to fix his gaze on some bright object, such as his lancet case, held a foot from, and a little above, the eyes, and at such an angle as to necessitate some ocular strain in looking at it; the patient was told to fix his gaze and whole attention upon the object, and to think of nothing else. Braid then extended and separated the fore and middle fingers of his right hand and carried them from the object to the patient's eyes; the lids generally here closed involuntarily, if not, the process was repeated, and the patient told to close his eyes the next time the fingers were carried towards them, but to keep the eyeballs fixed in the same position as before, and still to concentrate the attention—this rarely failed. After a time Braid found that fixed gazing tended to cause pain and slight conjunctivitis; thereupon he changed his method, told the patient to close his eyes at an earlier stage, and found that hypnosis was induced as easily as before.

Dr. Liébeault told his patient to look steadily at him, and to think of nothing but sleep; he then made suggestions, such as "Your eyelids are becoming heavy." "Your limbs feel numb." "You are becoming more and more drowsy." If the eyelids did not close involuntarily, he closed them, keeping up the somniferous suggestions a little longer.

Dr. Wetterstrand accompanies suggestions by passes made over the patient's eyes, face, and arms, always with contact.

Some hypnotists simply close the patient's eyes, and while keeping a slight pressure on the eyeballs, suggest sleep in a monotonous voice.

The method I usually adopt is the following:—I first of all see that the three fundamental conditions are as far as possible present. I then tell the patient that he or she, as the case may be, must not expect to fall into a sleep resembling somewhat the ordinary sleep at night, as comparatively few people do that, but all I want to obtain is a condition of restfulness, in which everything I say will be heard, and everything done will be known. I then say I want him to look at my fingers, and any inclination he may feel to close his eyes must on no account be resisted, but be carried out. If I tell him to close his eyes he must do so, and keep them closed until I give permission for them to be opened, and during that time I shall apply my hand over the stomach and suggest warmth. If there is any response, I know that suggestion will probably have good effect in his case. I then proceed to induce hypnosis; I sit beside the patient, placing one hand on his forehead, perhaps gently stroking it; I also extend and separate the first and second fingers of the other hand and hold them up about a foot from the patient's face, so that he, on looking at them, has to keep the eyes somewhat strained in an upward direction. I then straightway commence suggestions in a monotonous voice, but decisive in tone, in words such as these: "You are beginning to feel sleepy." "A drowsy feeling is coming over you." "Sleep is coming on." "Your eyelids are getting heavy." "Your eyelids are drooping." This last is said, whenever the tendency to this symptom is noticed. At the same time I almost imperceptibly bring my fingers nearer and nearer the eyes. In about a minute the patient's eyelids close, and as soon as that happens, I say, "Your eyelids are now closed, you have no inclination to open them—sleep." I remove my fingers and keep up the somniferous suggestions about a minute longer, sometimes making a few passes without contact over the patient. When the patient appears to be comfortably resting, I place my hand over the stomach suggesting warmth there; in about two minutes I tell the patient to open his eyes; I then ask if he felt the warmth. He will generally acknowledge he has done so (this suggestion being responded to by the majority of subjects). Such being the case, I make a point of it, and encourage the patient. If he says he did not feel any warmth, or drowsiness, I tell him it is not necessary, as I can often get results without it. I then ask him to try again, and induce sleep a second time. Now I make curative suggestions, and leave the patient resting. In about fifteen minutes I go to him again, repeat the curative suggestions, and tell him that on waking there will be no drowsiness, heaviness of the eyelids, or headache, but he will feel bright, fresh, and comfortable. Then I say authoritatively, "Open your eyes and wake up." The patient then leaves, with instructions to come the next day, or the day after, and I usually find him somewhat better.

Sometimes the patient does not close his eyes involuntarily during the induction of hypnotic sleep. I then tell him to do so after he has been looking upward for about a minute, and I then put a little pressure on the eyeballs with my finger, at the same time keeping up the suggestions. It is very important to see that the patient wakes free from any discomforting feeling. If by chance such is present, I induce hypnosis again and suggest it carefully away. If the patient does not experience any different feeling from the ordinary waking state, I encourage him by telling him that a better result will be obtained next time, and that results are often obtained when no hypnosis is present. The patient will often persist in saying that he has not been hypnotised nor influenced in any way; but do not be discouraged, keep up a confident manner, try again and again, even when no result is seen, for with these difficult subjects it means dogged perseverance, and all your ingenuity must be used to try and find out what is preventing the patient from being influenced, and this, when found, must be combated by every means you can adopt, and then you may be rewarded by curing your patient and gaining his everlasting gratitude.

I want to mention one or two little methods that may be adopted to gain a person's confidence in the power of suggestion. The majority of people are absolutely

sceptical of a given suggestion acting, and in various ways tell you so, some pleasantly, some decidedly otherwise. It is useful then to deal with these people in this way. You tell the person that, "To obtain a response to a given suggestion it is not absolutely necessary to be hypnotised; if I tell you I can put my finger directly on your eyeball without causing you to blink, you will no doubt tell me it is impossible. If you are willing to try, I tell you positively that the eyeball will be insensitive when I touch it, and will remain so during the act, though you will feel the pressure." The subject expresses his willingness to try, and you obtain his word that he will not blink unless it is necessary. Then ask him to keep his eye open, saying emphatically, "Your eyeball is quite insensitive."

You then press your finger upon it; the subject does not blink, and is naturally very surprised. You can make good use of the result, and the person's scepticism concerning the power of suggestion is somewhat shaken. Then proceed with the following: Seat the person in a chair with his hands resting lightly upon his knees; sit in front of him and tell him to look at you fixedly, but do not stare at him, as you do not want to induce hypnosis, only requiring his attention to be concentrated. Then stroke his arms in a downward direction several times, occasionally taking hold of the wrists, raising them and letting them fall again on the knees, making suggestions at the same time that the arms are getting heavy like lead; a sensation of weight is felt all over them. A difference is very soon noticed in the feel of the wrists as you raise them. Keep the suggestions up for about a minute and then desist, and you will find that nearly every person experiences some feeling, more or less, of weight in the arms.

These, then, are two examples of waking suggestion which I told you previously I would mention, and which are very useful in gaining the confidence of the patient regarding the treatment. There are many other such methods, but time will not permit me to quote them.

In order to dehypnotise your patient, the command to "open your eyes and wake up" is almost invariably sufficient, but it may be varied by telling the person to wake up in a given time—five minutes, for instance, or to wake up on reaching a certain number in counting.

There have been many attempts to classify the different stages of hypnotic sleep, but none of these are thoroughly satisfactory, so I will not trouble you by enumerating them, but I might say that it is by no means necessary for a patient to sleep so deeply that he is beyond relation with the outer world for a cure to be brought about, as many excellent results are obtained when the patient is fully cognisant of all that is said and done; yet, if operative interference is required, it is nearly always necessary that a state of somnambulism, or the deepest degree of hypnotic sleep, should be induced. It is found, moreover, that the depth of the sleep obtained at the third or fourth sitting can rarely be exceeded, the patient always going into that one degree of hypnotic sleep on subsequent hypnoses. Of course, there are a few exceptions to this rule, but it is quite unnecessary for me in this paper to enter into them.

In making the curative suggestions, it is well to remember that these should be adapted to the intelligence of the patient; they should be decisive and to the point, technicalities and obscure phrases being carefully avoided. The suggestions should be based on the symptoms you have discovered during your examination of the patient, particular notice being taken of the way and the words in which the patient tells you of his troubles, as this is a very important guide for your suggestions. I can give you no more definite rules for the foundation of your suggestions, as these can only come with experience, for you will find that a given suggestion will not act in what appear to be similar cases, so your ingenuity is often taxed to the utmost to find the suggestion that will obtain the best response. Perseverance, confidence, and a true conception of the workings of the human mind are the cardinal features for your success in suggestive therapeutics.

Regarding susceptibility, it is found that children are almost always good subjects; after child-life, susceptibility varies a good deal, but there is practically no difference regarding sex, and it is found that people with well-balanced and intelligent minds are better subjects than fools and weaklings; hysterical persons are not easily hypnotised, neither are neurasthenics, and the insane are the most difficult of all to influence. I will now point out a few of the fallacies regarding hypnotism.

It is said that hypnotic sleep is induced by the action of a stronger will over the weaker; this is manifestly absurd, for it is proved beyond doubt that the best subjects are intelligent men and women, and that the weak-willed and feeble-minded are very difficult to hypnotise. If the induction of hypnotic sleep were a matter of will-power, it is obvious that these conditions would be reversed. Also, you will remember that I have made no mention whatever, in the methods of inducing hypnosis, of the need that the hypnotist should concentrate his own mind in the endeavour to act upon the mind of the subject by virtue of his stronger will; and those of you who try the induction of hypnotic sleep on your patients will find that concentration of mind on your part for this purpose is not required. It is also said that when a person is hypnotised he is under the complete control of the hypnotist. Such a statement is at variance with all known facts, as you may gather from experiments made by unbiassed and competent observers.

A person who has once been hypnotised is said to be for ever under the influence of the hypnotist; this is undoubtedly false, and cannot be substantiated. Hypnotism is said to weaken a person's will and tend to cause insanity; against this I will point out this important fact, that no bad result is known through the use of medical hypnotism in competent hands. I say advisedly medical hypnotism, as I will not go so far as to say that it may not be abused by quacks, but this does not concern us, for then it is the person's own fault, if anything untoward accrue, for allowing himself to be

hypnotised by such people. I will now point out a few of the safeguards which may be adopted by the subject and by the hypnotist.

Firstly the Subject.—No one can be hypnotised against his will, and if he has a friend with him during the sitting, everything that is said and done can be vouched for by that person, and thus the subject is guarded.

Secondly the Hypnotist.—Do not attempt to hypnotise an unwilling subject. Only hypnotise in the presence of a third person satisfactory to yourself and your patient.

Never make suggestions to your patient except of a curative nature, unless you have first obtained his consent for experimental work.

If these points are rigidly observed, any risks you may run from the unfriendly criticisms of prejudiced persons are to a large extent obviated.

I will now proceed to quote a few cases showing the uses to which treatment by hypnotic suggestion may be put. Firstly, I will give you a list of diseases which Dr. Woods has treated with more or less success, generally the more. This list, embodied in his paper given at the British Medical Association's Annual Meeting this year, appeared in the *British Medical Journal* for September 28th, 1907. The paper is well worth your careful perusal. The diseases are as follows: —Neurasthenia, writer's cramp, chronic alcoholism, stammering, headache, melancholia, dyspepsia, arthritis, neuritis, insomnia, neuralgia, lumbago, torticollis spasmodica, sea-sickness, sickness of pregnancy, sciatica, gout, urticaria, stage fright, epilepsy, hysteria, menorrhagia, morphine and drug habit, chorea, delusions, rheumatism, tremors, palpitation and heart troubles, loss of memory, hay fever, dysmenorrhœa, mania. These are not quite all quoted, but they give a very good idea of the vast range of diseases which come within the scope of suggestive treatment.

With a few brief references to some of my own cases, I will conclude this paper.

1. A patient, a multipara, I delivered of her third child during hypnotic sleep; instruments were used, she hypnotically sleeping the whole time—1¾ hours. On awakening she had no recollection of what had taken place during that time. She had been hypnotised several times before the event.

2. A patient, with a large mammary abscess, was hypnotised, and the abscess opened and dressed painlessly.

3. A young girl, aged 22 years, had twenty-seven teeth extracted in four sittings, quite painlessly. She was fully conscious of all that was taking place at the time, but my suggestion of no pain acted quite satisfactorily.

4. A man, a chronic alcoholic of twenty years' standing, reacted well to my suggestion that if he took alcoholic liquors in any form he would be immediately seized with vomiting. I unfortunately could not bring this case to a successful issue, as the man only came to see me three times, he preferring to keep on with the drink, though I feel sure I could have brought about a cure. The suggestion, I afterwards learnt, lasted about a fortnight.

5. I was called one night to see a patient, a young girl, suffering from a large alveolar abscess. She was in great pain, and had no sleep for two nights, and had severe headache. I hypnotised her, suggesting relief of the symptoms. Next day I found she had passed a good night, had no headache, and no pain in the face, though the abscess, of course, was still there and painful on pressure. The abscess disappeared in about three days.

6. A young girl, whom I had treated for six weeks for sciatica by the usual methods, was only able to go about with difficulty at the end of that time, though she persisted in going back to her work as shop assistant, but all the while suffered great pain. As a last resource I advised her to try hypnotic suggestion, and in two sittings she was quite cured.

Among other cases, I have completely controlled by suggestion the milk supply after the birth of a still-born child, and also increased by the same means the milk supply on its threatened disappearance after the patient had been suckling her child for six weeks.

The irritation of acute urticaria I have greatly relieved, and several cases of insomnia, headache, neuralgia, dyspepsia, and constipation, I have rapidly cured. These few cases, then, give you a further insight into the uses to which this form of treatment may be applied. I do not hold this treatment up as a panacea, far from it, for we get our failures; but I do maintain that it is worthy of a fair and unprejudiced trial, and if such is given it, I am confident that cures will be obtained where all other treatment has failed, and scepticism regarding this form of treatment will become a thing of the past.

Appointments.

Civil.

BARBER, HUGH, M.D. Lond., M.R.C.S., L.R.C.P., has been appointed Honorary Pathologist to the Derbyshire Royal Infirmary.

EVERSHED, A. R. F., M.R.C.S., L.R.C.P. Lond., has been appointed Honorary Ophthalmic Surgeon to the Brixton Dispensary, S.W.

HICKS, H., F.R.C.S. Eng., has been appointed Honorary Gynæcologist to the Derbyshire Royal Infirmary.

JEPHCOTT, CHAS., M.B., B.C. Camb., has been appointed Medical Officer of the Chester Union Workhouse.

TELLING, W. H. Maxwell, M.D., B.S. Lond., M.R.C.P. Lond., has been appointed Honorary Demonstrator of Medical Pathology in the University of Leeds.

Naval & Military.

Staff-Surgeon MURRAY P. JONES, has been appointed to the *Wildfire*.

Captain H. P. W. BARROW, R.A.M.C., has been appointed Adjutant of the Manchester Companies, Western Command.

The King has been graciously pleased to confer the Volunteer Officers' Decoration on the undermentioned Officer:—Surgeon-Major RICHARD JOHN BRYDEN, Royal Garrison Artillery (Volunteers), 1st Kent.

Sport.

Rugby Football.

GUY'S v. U.C.S. OLD BOYS.

This match was played at Honor Oak Park on November 2nd. Guy's were without Duke at back and Digby in the three-quarter line, Patey filling the former and Williams the latter position. Guy's lost the toss and Mullins kicked off from the Crofton Park end, the ball going out to Moberley, who, after a good dribble, picked up and passed to Crook, who was collared just on the line. Loose forward play followed in the visitors "twenty-five," but the pressure was relieved by a free kick given against Guy's for foot-up in the scrum. Soon after this Williams made a mark, but Moberley failed with the kick. One or two bouts of passing amongst the Guy's three-quarters were now seen, and Stringer twice nearly scored; although running strongly, he was inclined to overdo it and not pass back to his inside. Guy's were given a free kick against U.C.S., but Moberley again failed. A pretty round of passing was instituted by Monaghan, the ball going to Pritchard, then to Stringer and Lee, who sent Jones in with a try after drawing Odell. Moberley failed with the kick. Loose forward play now followed, in which Crook, Moberley, and Williams were prominent, and Guy's got the ball four times running from scrums on the U.C.S. goal-line, but Monaghan instead of passing tried to get through and failed each time. Stringer made two good attempts to score, but was collared cleverly by Odell when nearly over the line. Williams also was nearly in once, but was "held up" between the posts. Just before half-time Griffith-Jones got the ball well away to Cocke, who transferred to Coopman, but on Trautman getting the ball he was collared by Stringer.

At half-time Guy's led by 1 try (3 points) to nil. Soon after resumption of play, Stringer dribbled through, and, picking up in the U.C.S. "twenty-five," passed to Williams, who spoilt a good opening by passing wildly. A good round of passing, in which Monaghan, Pritchard, Jones, Williams and Lee took part, ended in Stringer being forced into touch by Odell when close to the line, but a few minutes later Stringer, beating Odell for pace, scored far out. Lee failed with the kick. A good dodging run by Lee carried the ball again into the U.C.S. "twenty-five," but Williams kicking too strongly Odell touched down. Scrambling play settled down in the U.C.S. "twenty-five," but a free kick against Guy's relieved the pressure; the forwards, however, soon worked the ball back, and by a good rush carried the ball over, forcing Odell to touch down. From a mark Stringer kicked across, but Cocke getting the ball carried it into the Guy's "twenty-five." A free kick was given against Guy's in their own "twenty-five," from which Griffith-Jones kicked a goal. After this Guy's played up strongly, and kept the ball in the visitors' "twenty-five," and from a scrum on the goal-line Pritchard obtained the ball and scored; Heade failing at goal. This ended the scoring, and Guy's won by 3 tries to a penalty goal.

REMARKS.—The forwards played well all through, getting the ball nearly every time in the scrum. The three-quarters lacked combination, each playing too much for himself; the same applies to Monaghan at half.

GUY'S v. LONDON WELSH.

Played on Saturday, November 16th. Having drawn with the Welsh on Saturday, October 26th, this match was looked forward to with keen interest. The Hospital was without McEvedy and Stringer, whilst the Welsh lacked the services of Maddocks and Meyrick. Our forwards played magnificently, and the defence throughout was good. A feature of the game was the accurate touch-kicking of J. P. Jones. Guy's lost the toss, and at first the Welsh seemed the better side, but soon the Guy's forwards woke up, and after the first ten minutes were always better than their opponents. Guy's opened the scoring from a good passing rush, Archer, who was playing on the wing, touching down after a good run. Hind failed to convert.

In the second spell the Guy's team again showed their superiority, the forwards being very good in loose work. After a fine dribble by the forwards Pinching scored, Saunders failing to convert (6—0). Upon this the Welsh played desperately, and Pearce scored from a rush. Harding converted with a good kick. Guy's still attacked strongly, and a Welsh player running over his own line gave Pritchard an easy try, which Jones converted. Soon after, the whistle sounded for no-side, Guy's winning by 1 goal and 2 tries to 1 goal.

The whole team played well. Saunders made a welcome reappearance, and led the forwards splendidly. Cane was excellent as half, and all the outsides, especially Jones, played well. Guy's thus broke the London Welsh unbroken record for this season, and were victorious against them for the first time in six years.

GUY'S v. LONDON IRISH.

Played on November 23rd. The Hospital was very short for this game outside the scrum, Stringer and Lee being absentees, McEvedy coming to our assistance, Archer again going on the wing. The forwards again played splendidly. Guy's lost the toss and played up hill. In spite of the slope of the ground, the Hospital forwards were much superior, and it is entirely due to them that we won so handsomely. Soon after the start Archer scored under the posts after a good run, Jones failing with the kick. Soon after Williams scored again, after a fine forward rush, Saunders converting. There was no more scoring until after half-time, although the forwards were often dangerous.

Early in the second half Cane set the three-quarters going well, all handling well, and although no score resulted quite fifty yards was gained. Soon afterwards

a similar fine movement proved more successful, Archer scoring far out. Saunders kicked a magnificent goal. Archer soon after scored again, but it must be mentioned that three Irishmen were attending to an injured colleague, although the ball was still in play. Another irresistible rush by the forwards let in S. McK. Saunders. The last two tries were unconverted. Guy's thus won by 2 goals and 3 tries to nil.

All the forwards again played splendidly, and it would be hard to individualise. The backs had very little to do, but brought off several good passing rushes. Archer showed himself very versatile, and proved almost as good a three-quarter as he undoubtedly is a forward.

The first fifteen is doing remarkably well this season. On present form they are undoubtedly one of the best sides in London. We are glad to note that they have at last broken the sequence of defeats received at the hands of the London Welsh and Irish. All three fifteens are showing great keenness, and if they keep up present form they should stand a good chance of retaining the Cup. Up to the present the 1st and 3rd fifteens are undefeated.

Association Football.

GUY'S v. OLD WESTMINSTERS.

This game was marked by the frigid calmness and ineffable languor displayed by the Hospital side. At the commencement the Hospital had somewhat the better of the game, and demonstrated it by securing a goal, which was scored by A. H. Birks, and they maintained this lead until half-time, after which one of our forwards was compelled to retire for twenty-five minutes, owing to a bad cut over the eye, and it was during this period that the half-backs showed an inability to cope with the attacking forward line; they were always behind it, making a rear attack. Three goals were scored by Old Westminsters before the disabled forward returned. Things went more evenly then; they again scored, but the Hospital team became revitalised, pressed steadily, finally scoring a goal after a run up by the centre forward, and when time was whistled they appeared in better condition and more prepared to act as aggressors than their opponents, though defeated by 4 goals to 2.

TEAM.—C. A. Wood, H. R. Bastard, C. H. Mills, A. H. Crook, F. W. Denning, P. Humm, R. M. King, C. E. Witts, W. E. Whiteley, A. H. Birks, H. H. Glover.

GUY'S v. UNIVERSITY COLLEGE.

SEMI-FINAL OF LONDON UNIVERSITY CUP.

After four days' incessant rain the ground was almost a slough, but it was decided to play. The Hospital team started off well and forced the game from the beginning; some very pretty passing was done and a goal was scored by Birks after about ten minutes' play. A penalty was awarded to the Guy's side, but Witts failed to score, the ball rebounding rapidly from the goalkeeper. For the remainder of that half the score remained unaltered, and half-time still showed Guy's, 1; University, 0.

After half-time the attack continued, and Birks and Witts scored rapidly in succession; goals continued to be added, some brilliant shooting by Birks being very striking, and a fine piece of passing from centre to wing and back again, Whiteley heading it through. The result finally was Guy's, 10 goals; University, 0; Birks having scored 6, Witts 3, and Whiteley 1.

TEAM.—C. A. Wood, H. R. Bastard, C. H. Mills, A. H. Crook, F. W. Denning, P. Humm, R. M. King, C. E. Witts, W. E. Whiteley, A. H. Birks, H. H. Glover.

GUY'S 2ND XI. v. OLD ST. CATHERINE'S.

This game, played on our opponents' ground, terminated in victory for the Hospital by 3 goals to 2. The team played one short during the whole of the game, and many opportunities were missed. The 2nd team is in reality stronger than it has been for some years, but, as so often happens, its strength is not available.

TEAM.—M. C. Rook, R. Johnson, K. Hole, L. Edmond, V. Townrow, H. L. Gibbons, W. W. Cook, C. Wain, Eccles, L. J. Jones, D. A. Mitchell.

Change of Address.

Dr. H. Barber, from 57, Friargate, to 45, Friargate, Derby.

Mr. J. Arnold Bowes, L.D.S. Eng., from Woodlands Lodge, Middlesborough, to 17, The Pavement, Clapham Common. Telephone, Battersea 527.

Mr. W. A. Dredge, L.D.S. Eng., from Guy's Hospital, to 60, Wilberforce Road, Finsbury Park, N.

Dr. Leonard J. Kidd, from 35, Welbeck Street, W., to 45, Green Street, W.

Mr. R. D. Mothersole, M.S. Lond., F.R.C.S., from 44, St. George's Terrace, Bolton, to 128, St. George's Road, Bolton.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

Births.

BELL.—On November 8th, at Tubantia House, 42, Worple Road, Wimbledon, S.W., to Mr. and Mrs. A. Osborne Bell, a daughter.

PEDLEY.—On November 13th, at Orpington, to S. E. Pedley, M.R.C.S., L.D.S. Eng., of Camberwell and Regent's House, Oxford Circus, W., a daughter (Dorothea).

SIMSON.—On November 8th, at Cheyne Court, Chelsea, the wife of Captain Harold Simson, R.A.M.C., of a son.

WISE.—On November 14th, at 206, Burrage Road, Woolwich, the wife of H. M. Wise, M.B., of a son.

ED.—M. E. B.

GUY'S HOSPITAL GAZETTE.

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Passim.

ERE another GAZETTE is published we shall have plunged into our hospital Christmas festivities. Christmas is in the air everywhere, and on all sides is the predominant topic of conversation. Spare hours are all devoted to practising and rehearsing, and that annual question, "However can we do as well as last year?" is dying a violent death, drowned in the enthusiasm for this year alone. If we were asked why Christmas is so especially enjoyable in the wards of a great hospital in the Borough, we would unhesitatingly reply that it is because everyone is so hard at work, so pressed for time, from the hanging up of the first decoration to the burning at the stake of the last. Surely there could be no truer example of the old maxim that happiness comes only with hard work.

IT always has seemed to us a pity that we should, so many of us, allow the greatest festive season of the year pass by without even a thought of him who, above all, raised it before the eyes of the public to the position it now holds. The story of Scrooge, long forgotten, if ever heard, by most of our patients, and possibly others of us, ranks amongst the gems of English story, and has probably brought more happiness into the lives of the English people, directly and indirectly, than any other work of fiction ever published. Yet we venture to say that, if one were sufficiently energetic to stand on London Bridge and ask every passer-by if he had ever heard of Scrooge, over ninety per cent. would shake their heads sadly and advise one to ask the policeman. We owe much to Dickens, but if we could only take and show him our Out-patient department on Christmas afternoon he would say he was repaid to the utmost.

THE programme of Christmas entertainments in the various wards is as follows:—

Christmas Day, the niggers in all the wards, of course; on Boxing Day and the two succeeding evenings, the Residents' theatricals, at 8.15 p.m., in the Physiological Theatre; on Friday, Christmas tree in Martha; concerts in Job, Dorcas, Queen, Addison, and Mary (the last-named by the members of Mr. Tree's school), also a ventriloquial entertainment in Lazarus; on Saturday, Christmas tree in Charity, concerts in Cornelius, Pat. and Sam., the Eye wards, and Esther; on Monday, concerts in Luke and Charity (arranged by Mr. Seymour Hicks), Lazarus and Stephen; entertainment by the

Nurses in the evening; on Tuesday (Old Year's day), concerts in Bright and Astley Cooper. In most cases the concerts will be at or about three o'clock; that in Astley Cooper will, as usual, be in the evening, at seven o'clock.

Besides the concerts, a Gilbert and Sullivan quartette party, arranged by Mr. R. G. Oram, will visit several of the wards during the week and sing some of the numbers of the two masters of musical comedy.

Amongst our correspondence elsewhere will be found a reproachful letter from one who thinks us "grey-blooded," and loth to see a "little colour imparted into our sombre existence." His subject, of course, is the Brown Dog, and in accusing us of a "superior person" style, he seems to have rather missed the point of our remarks on the subject last issue. In comparing the somewhat unsuccessful attempt made on the statue in the first instance to some of the "rags" remembered by old Guy's men, we found that the progress of ragging is rather retrogressive than otherwise. That being the case, we sorrowed not that the present movement did not have its origin at Guy's. Since the first occasion on which our breakfast was neglected through our interest in the three-cornered struggle, the further attempts on the little dog have again proved abortive. But whatever our opinion of the "raggers" and of their lack of powers of organisation, we feel a strong sympathy with the authorities at University College Hospital in their dislike both of the statue and the inscription thereon, and cannot but feel that those who indiscreetly allowed the monument to be erected were guilty of a stupid blunder.

Much has been written on this subject recently, and actually a "Song of the Brown-doggers" has appeared, and was a distinctly clever parody, although apparently written in some haste. "Little brown dogs may sit and beg, but they must not pull the public's leg" is delightful. In the *University College Journal*, "Police Court stories pithily narrated" (with apologies to the *Evening News*) was also very amusing; but the finest view of the case we have seen was published as a leader in the *Morning Post* on Thursday. The writer of this article has dealt with his subject in a very able fashion, and has produced quite one of the cleverest journalistic efforts of late years. Dealing in a jocular but scientific fashion with the whole affair as an infectious disease, attacking successively the anti-vivisectionists, the students, and the police, the writer concludes with the following:

> "The students can hardly have well considered their action. There will be widespread, perhaps almost universal, sympathy with their indignation at the insult offered to University College Hospital, an insult the more astonishing because one anti-vivisector has already been before a legal tribunal for libelling a distinguished man of science, and has had to pay a large sum by way of damages. But the most astonishing thing is that the anti-vivisectors should have been allowed to erect their monument with the disgusting inscription, though the practise of vivisection, under proper restraints, is permitted by law and regarded by men of science—the only competent judges—as of the greatest use in the study of disease, and accompanied by less pain to the animals selected for operation than is caused to the innumerable living creatures that are every day killed for food."

An interesting ceremony took place last month at Kettering, when Admiral Lord Charles Scott, G.C.B., unveiled a handsome monument erected to the memory of the late Dr. John Winter Dryland. Dr. Dryland was, before his death, one of the oldest practising Guy's men, and by his great tenderness and kindness to all he knew had collected a very wide circle of loving and admiring friends. To our knowledge, the monument thus erected to a medical man by his fellow-townsmen, in memory of the affection they had for him, is unique, though the famous Jephson Gardens in Leamington were opened in memory of the late Dr. Jephson of that town. It cannot fail to be a great pleasure to all connected with Guy's to hear of such an example of true devotion to the late Dr. Dryland, lasting thus even after his death.

In connection with the Home of Recovery for Surgical Convalescents, whose committee have issued a pamphlet, a copy of which has reached us, we have been asked by a member of that committee to state that an effort is to be made to endow a bed in memory of the late Dr. Frederick Augustine Robinson, who graduated from Guy's in the nineties. Dr. Robinson died in South Africa this year. If those who are desirous of assisting in the endowment of this bed will forward their names to us, we will send them on to the member above mentioned, who is desirous that a small committee should be formed for the purpose.

The Annual Concert of the Musical Society is to be held, under the direction of Mr. H. Taylor, in the Court Room, on Tuesday next, the 17th inst., at 8 p.m. The programme is of the usual high standard, consisting of orchestral and vocal numbers, and we trust that the Society will receive the support which is its due. Tickets, 2s. 6d. each, may be obtained from the Matron's Office, Sister Amy, Members of the Committee, or Mr. Martyn Lobb, the Hon. Secretary.

On the 3rd inst. took place what will mark a new era in medical societies. We refer to the inaugural dinner of The Royal Society of Medicine. Sir W. Church was in the chair, and there was a large gathering of all the leading lights in the profession. The Chairman, in his speech, traced the early histories of the various medical and surgical associations and societies. The latest in the field results from the federation of fifteen pre-existing organisations, and has for its aim the diffusing of our present knowledge and the advancement of the same by combined effort and facilities. We repeat our advice to men newly qualified to join the Association early. The first number of the Transactions has already been published, and is a great acquisition to medical literature.

We congratulate our First XV. on their splendid record this season. So far they are undefeated, and the prospects of the Cup remaining in Maze Pond seem quite cheery. Many of our players have distinguished themselves in County Rugby this year, and it was with chagrin that we heard of Kent's defeat by Middlesex. Two of our forwards, H. R. Mullins and A. H. Crook have been chosen to play for London against the West. This is one of the International Trial Matches. We wish them luck.

We would like to draw the attention of our readers to a dramatic performance to be given at the Broadway Theatre, New Cross, on December the 20th, by the Dicken's Fellowship Dramatic Society, at 8 p.m., the net proceeds of which are to be divided between St. John's Hospital, Lewisham, and our own. The production is an adaptation of an old favourite, Barnaby Rudge, entitled, "Dolly Varden." Of the high standard of this society's work we need not speak, and trust that Guy's men will turn up in force.

The tickets for the Residents' theatricals, on the evenings of the 26th, 27th, and 28th, may be obtained by written application to the President of the Residents. As there is sure to be a great demand, it will be advisable to apply early.

We have to acknowledge the receipt of the following journals, etc.:—

"The Prescriber" (Nov. and Dec.); "The Hospital"; "St. Bartholomew's Hospital Journal" (Nov.); "The Broadway" (Nov.); "St. Thomas's Hospital Gazette" (Nov.); "St. George's Hospital Gazette" (Nov.); "The Clinical Journal" (Nov. 6th, 13th, 20th, 27th, Dec. 4th); "St. Mary's Hospital Gazette" (Nov.); "The London Hospital Gazette" (Oct., Nov.); "The University of Durham College of Medicine Gazette" (Nov.); "Le Mois Medico Chirurgical" (Oct. and Nov.); "The Manchester University Gazette" (Nov.); "The Medical Students' Gazette" (Nov.); "Anatomy and Art" Lecture; "The Calcutta Medical Journal" (Oct.); "The South Africa Medical Record" (Oct.); "New York State Journal of Medicine" (Nov.).

THE EDITOR will, at all times, be glad to consider articles or sketches, provided that they are accompanied by the writer's name and address, not necessarily for publication. Payment is a matter of arrangement, and the fees that the Gazette *can offer are merely nominal, but if the writer desires any remuneration that fact should be stated.*

A Note on "Rheumatic" Pneumonia.

Acute rheumatism is not often recognised as a cause of pneumonia, but that it may be so, is borne out by various authors and by five cases which are or have been in this hospital recently. Osler states that Stephen Mackenzie found 9·94 per cent. of pneumonia and pleurisy in 3,433 cases of acute rheumatism. It frequently occurs with endo- and peri- carditis. In our own records from 1888 to 1898 there were only six cases, or considerably less than 1 per cent. There have recently been three cases under Dr. Pitt and one under Dr. Shaw, as also another which, though not certainly, possibly belongs to the same group.

The cases occur usually during the course of an attack of acute rheumatism, and present all the physical signs of a pneumococcal pneumonia, without any of the toxic symptoms. The temperature during the pneumonic period is irregular, rarely high. In the six cases above referred to, the highest temperature was 103·2°, except in one case, the only fatal one, where it reached 104·6°.

There is very little of the distress, respiratory and otherwise, seen in ordinary pneumonias. Both lungs are usually affected, and the cases are mostly classified as pleuro-pneumonia. I could find no evidence of the presence of rusty sputum in any case, the expectoration being as a rule slight.

Of the recent cases, in all of those under Dr. Pitt, I believe, joint pains preceded the pneumonia. Of Dr. Shaw's cases one was a girl, A. D., æt. 16, with old aortic and mitral disease from two previous attacks of acute rheumatism. She was admitted on the first day of acute illness, and at no time were there any joint pains. The diagnosis of rheumatic pneumonia was made in her case on :—

1. Extensive dulness, increased T.V.F., bronchial breathing, bronchophony and pectoriloquy, and numerous râles over left base, with some dulness and a few râles at right base.

2. Slight amount of pyrexia and general disturbance, patient never seeming particularly ill. Highest temperature 100·2°; respiration 30; and pulse 132.

3. Absence of pneumonic rusty sputum.

In the other case, T. W., æt. 32, there were marked joint pains on admission. Shortly after admission pericarditis with effusion, and effusion into both pleural cavities set in. Typical bronchial breathing with bronchophony and pectoriloquy developed on both sides behind, and these signs of consolidation were considered to be due, on the left side, to compressed lung from the distended pericardium, and on the right side to compression of the lung by pleuritic effusion. Yet on aspiration of the right side only six ounces of fluid could be drawn off, so that possibly in this lung also there may have been some pneumonic consolidation.

A. A. G.

Remarks by Dr. Shaw.

The presence in the wards within a period of a few weeks of five cases of supposed "rheumatic" pneumonia is an event well worth attention. When contrasted with the fact that in a recent ten years only six such cases were recorded at Guy's, it makes us think. All observers seem to agree that in different "epidemics" of acute rheumatism a marked difference in the incidence of complications may be noted. Is this merely an exaggerated instance of this feature of the disease? On the other hand, have all other possible causes of pneumonia been excluded in these recent cases? I wonder whether, if the little girl Mr. Greenwood refers to had not had signs of rheumatic heart disease, she might have been classified as influenzal pneumonia. I am afraid I should have been satisfied with pleuritic effusion as an explanation of the physical signs at the right base in the man's case, and thus have deprived the statistics of an important addition. My ward clerk, however, quite convinced me that there was pneumonia consolidation in addition to effusion, and that this case should be classified as pneumonia complicating acute rheumatism. Advances in our knowledge of the bacteriology of acute rheumatism will doubtless put this question on a sounder basis. Meanwhile, we are grateful to Mr. Greenwood for arousing our interest in it.

Appointments.

Civil.

Clarke, H. M., M.B., B.C. Camb., has been appointed Clinical Assistant to St. John's Hospital for Diseases of the Skin.

Knight, H. S., M.B., B.S. Lond., M.R.C.S., L.R.C.P., has been appointed Out-patient Resident Medical Officer at Queen Charlotte's Lying-in Hospital.

Naval.

Surgeon H. M. Langdale, R.N., has been appointed to the *Pembroke*.

Correspondence.

To the Editor of Guy's Hospital Gazette.

The Brown Dog.

Sir,—Your "Passim" comments in the Gazette of November 30th reminded me very forcibly of a picture that appeared in *Punch* some years ago. A somewhat seedy-looking individual, the editor of a village weekly paper, was represented standing in front of a dusty fireplace with his hands thrust under his coat tails. He was dictating a leader to a small boy perched on a high stool, and began—"Whatever Prince Bismarck may say to the contrary, we assert"—and so on. This "superior person" style, which the author of the notes adopts, contains more quiet humour than is dreamt of by the writer. If the sporting reputation of Guy's is to be upheld, it will not be by such grey-blooded individuals as the author of "Passim," who appears to stand afar off from the living movements of the hospital, and regard those of us who wish a little colour imparted into our sombre existence with a superior smile.

The great demonstration of last week not only achieved its object, in showing our sympathy for Mr. Paul Taylor's victims, but it drew public attention to the brown dog statue—a libellous and one-sided view of the much-debated vivisection question—which should never have been erected in a public square.

Such unscrupulous methods as the anti-vivisectionists are pursuing are, without doubt, seriously affecting the revenues of our hospitals, and tending to lower the medical profession in the eyes of the public. And if editors and others in lofty places will not tackle the matter, why then the students must, and shall.—Yours etc.

J. L. S.

A Patient's Letter.

Dear Sir,—You may think enclosed amusing. Dr. H. is my successor in a country practice.—Yours truly,

Wokingham, A. CHANING PEARCE.
December 3rd, 1907.

Sir,—Mr. Pearce just a line in answer to your note to say I would like you to send me another bottle off mixture, as I am feeling no worse, as the Pills I have not used all them. I do not get much more sleep than I did, my feet and legs, and my body swells towards night but in the morning it is gone down nearly. You need not write to Dr. H. about, as I am not over struck him. I believe the man tries his very best, so please to send it on & then I would send you the money before long. I have sent this to R——— again, as I could not make your address out, Please to put it a little plainer so I as I can read it.—Yours truly,

Mrs. C. D——.

Guy's Physiological Society.

A meeting was held on December 2nd; Mr. Mollison occupied the chair. A paper was read by Mr. A. H. Gool, on "The Physiological Aspect of Insanity." Insanity is not a sharply-defined condition; inasmuch as there is no standard of the normal, there is no standard of insanity. It is probably caused by the auto-absorption of toxins in the blood, with consequent direct poisoning of the nervous system; normally these are neutralised by anti-toxins produced by certain parts of the body—thus cretinism is a result of thyroid insufficiency.

Many forms of insanity are associated with hallucination; this is the reproduction of an impression, previously obtained from the environment, by the action of certain toxic substances.

Heredity has a decided influence on insanity; the insane produce offspring of a neurotic tendency. We do not know whether neurosis is associated with a progressive or retrogressive change in the brain—at any rate, the change is apt to throw the whole gear out of order, since the brain is such a delicate and intricate organ. In connection with heredity, the question of marriage of first cousins is important; the offspring is not likely to be insane so long as there is no insanity in the family; otherwise the offspring stands a great chance of inheriting neurosis.

The physical causes of lunacy are the stress of modern civilisation, various forms of intemperance, reproductive activities, privation, old age, and certain maladies, constitutional and local. Progressive civilisation has increased the ranks of the insane as a result of the system of education, the movement of emancipation of women, certain occupations and overcrowding in towns. Intemperance in alcohol is alleged to cause 22 per cent. of the annual admissions to asylums; but here there is possibly a mixing of cause and effect. In the lowest forms of life, we find that reproduction is antagonistic to life; modern civilisation tends to show a reversion to this condition.

The increase of insanity is three times as great as the increase in the population, but whether this is due to accumulation and increased certification or not is an open question. However, the general census of 1901 showed a decided increase.

The normal individual who leads a healthy life stands very little chance of becoming insane. On the other hand, neurotics are greatly handicapped; still, nature has amply compensated them—though they have not shone in the annals of conquerors, they have produced geniuses who have created a beautiful world of sound and colour where the normal individual has no entrance.

Books, &c., Received. — Walker's Essentials of Cytology; Allen's Opsonic Method of Treatment: Barton's Administration of Ethyl Chloride; British Dental Journal; Glasgow Medical Journal; Journal of the Royal Army Medical Corps.

The Aphorisms of a Master.*

"'Tis common enough stuff, sir, for a doctor wrote it."

We have changed since the days when it was the fashion to write scurrilous plays holding up the medical profession to ridicule. The fashion became obsolete with Lytton, and Mr. Shaw's attempt to revive it has already been relegated to the curiosities of the literary pathological museum. We no longer frown at a book, nor deem it "common stuff" because a doctor wrote it. Our medical writers are beginning to talk of their "style": our professional reviewers are borrowing from the literary laity terms in which to express their approbation of neat turns, "quaint conceits" and slap-dash metaphors.

For all that, our medical literature is sadly deficient in those qualities that go to make up a wholly artistic literary production. Few of our text-book writers know how to express themselves. Authority, like a tightly fitting suit of chain mail, binds their fancy and limits their excursions. When a writer in surgery ventures to make himself readable, he comes under the fescue of the reviewer. The professional critics call him "turgid," and in the same breath, with a ludicrous unconsciousness of being humorous, declare that he is "flowery." Our books, as Bacon rightly held, are but the language of our times, and so long as authority rules our diagnosis, our "medical ethics"—save the mark!—and our whole trend of thought, so long will our medical writers write in the old-fashioned dreary style. Some of them, to be truly conservative and orthodox, might take a leaf out of the classics of our profession. They might try a change to the limpid clarity of Hippocrates, the unrivalled power of descriptive of Wiseman, the breezy raciness of Desault, or the imaginative style of Redi, some of whose works read as flowingly as one of Father Fuller's sermons. Who nowadays dare compare the crackling of surgical emphysema to the rustling of dead poplar leaves? or the morning expectoration of a chronic bronchitic to the slime of the murex? Our medical metaphors have degenerated into the dingy; our similes are of the very worst; our comparisons are to things disgusting and filthy. "Pea soup stools," "prune juice sputum," and "flea-bitten kidneys" are the best we can coin, and we cling to them tenaciously, as if they were jewels set in fine filigree rather than the foul concepts that they are. Everyone copies them: every text-book contains them, and the student remembers them, and is proud that he does so. He may know nothing whatever about the conditions that produce them, but he vaunts his knowledge of the "balloon man" and other absurdities as if they comprised the very quintessence of medical lore. Now and then one comes across a medical writer who oversteps the limits of authority, giving us a homely, readable discourse that can be assimilated in an arm-chair without the help of a full-plugged pipe. How many of our text-books, at first acquaintance, would we not be ready to fling a quoit's distance away in dejection? How few are there that we would care to take as companion on a train journey, for instance, or read in bed as we do Don Quixote or à Kempis? There are some, and one of these is Dr. Gee's little Manual of Lectures and Aphorisms. Take it up and read it, and the odds are that you will not have laid it down, if you have any soul for such things, till you have come to the index, and then only will you desist because, alas, there is nothing more to read.

Take the opening chapter, "The History of a Case of Cerebral Hæmorrhage." A clearer and more interesting summary of a case we have never had the pleasure of reading; a more chatty and instructive chapter it would be hard to find in all modern medical literature. For a rival we must go back to Aretæus' fine passage on Leprosy, or some of the extracts from Lænnec's book on Auscultation. A chapter such as this invites quotation, and yet no quotation can give a true and faithful account of the excellence of the whole. The instruction is conveyed so subtly, so blent with illustration, that it is wholly disguised. To medical students, and to those further advanced, we can earnestly commend the reading of this book. It will prove informative in the highest degree, and it will show them that a knowledge of medical history, that Cinderella of our curriculum, is sometimes of the greatest value, and that etymology is of as much use. How finely put, for instance, is Dr. Gee's denunciation of the term "ingravescent apoplexy," that contradiction in terms which (we believe) Hunter coined. The chapter on Coma and Apoplexy, indeed, is one of the most instructive and informative in the whole book. All the headings are attractive. "Large Heads in Children," "Aphasia," "Delirium" (which Dr. Gee tells us comes from the Latin de-liro—I plough awry), "Nervous Atrophy,"

*Medical Lectures and Clinical Aphorisms. By Samuel Gee, M.D., F.R.C.P. The Oxford Medical Manuals. Henry Frowde, Oxford University Press; and Hodder & Stoughton, Warwick Square, E.C. 5/- net. Second edition.

"Spinal Myalgia," "Bronchitis," "Pulmonary Emphysema," "Asthma," "Enlargement of the Spleen," and "Tubercular Peritonitis in Children." Specially worth reading is a full and lucidly written account of "The Signs of Acute Peritoneal Diseases," in which Dr. Gee relates the story of the Duchess of Orleans and her perforated gastric ulcer, and in which he draws attention to the peculiar type of abdominal condition which is sometimes seen at the onset of the menstrual period. The passage deserves quotation, if only for its delightful crispness:—

> "But the most puzzling disorder of this kind (*i.e.*, abdominal pain and distension) is the abdominal pain which sometimes accompanies the menses in young women. Pain, having all the characters of colic, is common enough about the menstrual period and causes no difficulty. Menstruation is not seldom a febrile process, and when this is all, we know what we have to do. But when abdominal pain and fever are associated, when they precede the appearance of the menses by two or three days, when the patient shivers once or twice, vomits, lies with her knees drawn up, and when her belly becomes swollen, how can we at first have any doubt that she is suffering from peritonitis? Yet no sooner do the menses occur than all these symptoms disappear, and then how can we any longer believe that her complaint has been peritonitis?"

The interesting chapter on "Sects in Medicine" is on a somewhat different footing. Here Dr. Gee is no longer merely the able clinician: he becomes the critic—a cheery, gentlemanly critic, with whom only a bilious Galenist can quarrel, but nevertheless a critic who sometimes lays himself open to the charge of partiality. He frankly acknowledges his sympathy with the Empirics, he has a good word, guardedly expressed, to say for Homœopathy, and he underlines Dogmatism and Pneumatism as heavily as ever Rampolla underscored his opponents on the Index. His outlook is always broad, his humour always genial, yet we wish he had spoken a word of praise for the Humeralists. We are slowly coming back to the doctrines of that interesting sect, though most of us would snort with indignation were we called followers of Erasistratus—if we knew who he was or what he taught. Most of our present-day theories are "arena sine calce"—we have no time to get the mortar, and we pile up bricks diligently until someone topples our badly-built structure to the ground. In twenty years' time how much will remain of our present serum therapy for instance? In a century what of the fine speculations on the functions of the basal ganglia?

An interesting feature of Dr. Gee's work, as we read it, is his insistence on clinical observation. It is a fallacy, pointed out by Trousseau, that the true physician is a product of the dead-house. Doubtless much is to be learned there, but the real apprenticeship of the future diagnostician is the bedside of his patients, and it is refreshing to find so able and authoritative a teacher as Dr. Gee impressing this truth upon his readers.

For the aphorisms that are appended to the lectures there can be nothing but unqualified praise. Some of them are obvious truisms, indeed, but the majority are notes culled from a ripe and rich experience, notes which are worth preserving and recording. The little book is such an excellent five shillingsworth that every practitioner or student of medicine should read it, and having read it, buy it and give it a permanent place on his shelves.

Guy's Hospital Debating Society.

"War with Germany."

The Eighty-second Ordinary Meeting was held in the Smoking-room on December 7th, with Dr. Fawcett in the chair, and about thirty-five members present. A short discussion on private business of the usual nature first took place, after which the Chairman called upon—

Mr. D. Reynolds to move—"That in the opinion of this House Great Britain should declare war on Germany without delay." Mr. Reynolds said that we must look to the future as well as to present conditions. It was evident that Germany must find Colonies, or remain stagnant; to prevent the latter she had entered on a definite programme of ship-building, which by 1920 would ensure her supremacy on the North Sea unless we interfered. The longer we postponed war, the worse it would be for us when it came—our Army should, if the present Cabinet continue, be replaced, on the score of economy, by Church Lads' Brigades; our relations with the other European powers, not so favourable, perhaps, as at present—all things pointed to the desirability of immediate attack on our part. Although the interference in the affairs of the Congo State of "unctious humbugs," who cared for every country in the world except their own, was not to be encouraged, England had always been the arbiter of the world, and as such she must take steps to check the rising power of Germany, and take them without delay.

Mr. Mullally opposed. There were no adequate reasons, he said, why we should go to war with Germany. The Hague Conference, though an apparent failure, had disagreed only in means, and not in aims. Should England, who alone at that conference had come forward with proposals to limit armaments, bring about a war

which would certainly be the greatest of modern times? No war of aggression could be justified on moral grounds, and a war could only be justified commercially when the probable gain would exceed the certain loss. There would be no gains for us if we attacked Germany; her trade—in its infancy—it would not pay us to destroy, while our carrying trade, the source of our own prosperity, would by war be temporarily dislocated and probably ever afterwards diminished. On the other hand, our losses would be tremendous; our National Debt would probably be doubled. In any case such a war would be unjustifiable; therefore its declaration "without delay" would be still more so.

Mr. SANFORD, seconding the motion, reviewed England's position in Europe at the present time. She had command of the sea, and commercial supremacy, and was the home of free thought and action. On our side, therefore, there was no necessity for war; but what of Germany? 1870 had shown that Germany was an aggressive nation, prepared to push her own policy without regard to the nations around her. England came between Germany and her ambitions in regard to Colonies and commerce. Germany, therefore, had reasons enough for war, and the Anglophobia shown during the Boer war had proved that she would not stop at anything to gain her ends. We should save a lot of slaughter and depression of trade, therefore, by taking the aggressor's attitude, and declaring war without delay.

Mr. STOUT seconded the opposition, and dealt very clearly with the present position both in Germany and England. Germany's trade was in its infancy, her colonies and navy almost non-existent, her shipbuilding capacity very small, and her finances on the brink of bankruptcy. Moreover, one fact which had been overlooked by other speakers was that the Socialist vote—opposed to war—comprised nearly half the voting strength of the German people. The real feelings of the Germans towards us could not be gauged by their Press—we ourselves knew of "irresponsible papers" wishing to stir up strife between one nation and another. (At this point an hon. member interrupted, and asked if any reference to the GUY'S HOSPITAL GAZETTE was intended, but the speaker denied any accusation against that journal.) Turning to England's position, Mr. Stout pointed out that she had the carrying-trade of the world (more of it than was good for her), that she had a large and invincible navy, and an Empire many parts of which were at present unable to withstand an attack. In case of war, our food supply would be cut off, and our relations with other countries would not be improved. In ten years' time Germany might be our greatest friend, as France now is, who ten years ago was our greatest enemy. In short, we had nothing, and Germany everything, to gain by a war, which, moreover, would weaken the West in its inevitably approaching conflict with the East. As an alternative to war, we could fight Germany commercially by improving our trade and our Colonies. The speaker concluded with an ingenious analogy drawn from inter-hospital football, showing that if England and Germany went to war, the smaller fry among the nations would be the only gainers.

In the discussion which followed—

Mr. W. E. WATSON regretted that past history had not been called upon for illustrations. The causes for war had generally been either misunderstanding, or barbarism on the part of one nation. On the other hand, the cause of truces had generally been greater knowledge and understanding between one nation and another, witness the "present ésprit de corps between England and France."

Mr. O'CALLAGHAN likened Germany to the cuckoo of Europe, striving to turn out the other nestlings. England, who had always been the arbiter of Europe, must act as the watchful mother-bird and protect those nestlings. Now, in a war, the attacking nation always had the advantage; therefore we must attack Germany before her bellicose preparations were advanced any further.

Mr. BALL thought that commercial competition was the only ground for a quarrel with Germany. The docrine of the balance of power prevented any nation nowadays from completely subjugating another nation, as the Roman Empire had done.

Mr. BROOKHOUSE pointed out that the wording of the motion emphasized the moral aspect of the question. It would be absurd to vote for the crippling of a great nation which had supplied us with Goëthe, Schiller, The Merry Widow, bands and sausages. Moreover, wars were, just now, by no means popular with the people of this country, and any Ministry which attempted to bring about any such war as was advocated would fall to the ground at once.

The Chairman now called upon the opposer to reply.

Mr. MULLALLY showed once more that it would be our rivals, and not we ourselves, who would gain by a war, and it would be just as reasonable on our part to attack the United States, who had a larger navy than Germany.

Mr. REYNOLDS, replying for the motion, said that the argument, which had not been answered, was the fact that Germany must, for her own safety, attack England. The Kaiser was not here for his health, and his suite consisted of military and naval men, not of doctors. Of all howling farces, he thought the Hague Conference took the cake, "but what," he added, "can you expect with the present Government in power?" Mr. Reynolds then, amid some interruptions, touched on the subject of Home Rule, which, if realised, he declared, would bring about the dismemberment of the British Empire. (A voice: "Hooray.") Socialists had been referred to, but they were not the same thing in Germany as in this country, where they were anti-patriots. Finally, if a war would prevent the importation into this country of German bands and sausages, he thanked Providence.

The Chairman now put the motion to the House, with the following result:—

For the motion	...	7
Against	... ...	26

The motion was therefore declared lost. A vote of thanks to Dr. Fawcett for occupying the chair concluded the proceedings.

Repair by Substitution in Tuberculous Joints.

CLINICAL LECTURE BY Mr. GOLDING-BIRD.

Gentlemen,—My subject to-day is an aspect of local tubercular infection, not so familiar to you as that of caseation and abscess. With these you frequently meet, for they require treatment and have to be combated; but the former the surgeon, as a rule, is only too glad to see, since it is regarded as the constructive or curative side of the malady. Of the circumstances that determine its occurrence, of the means by which the surgeon may bring it about, and of its value when obtained, I wish to speak and to give you illustrative examples.

Let me first remind you of the lantern slides I exhibited at my last lecture. I first showed you granulation tissue in microscopic section, and compared it to mesoblastic tissue; but what I showed was not from a case of tubercle, but an ordinary "healthy" ulcer of the leg. This granulation tissue, come where it may, is a substitution tissue of purely temporary character, and fills the vacuity of lost adult tissue, let that loss be traumatic or the destructive consequence of some bacterial invasion, it matters not which; and this I also illustrated, showing the transformation of bone, cartilage and fibrous tissue into pulpy tissue. When occurring in a tuberculous area, granulation tissue has its appearance altered by the dissemination through it of miliary tubercular spherules, with the large polynuclear mother-cells, by means of which it is at once recognized as part of a tubercular invasion. Now you know that an ulcer either heals by the transformation of this temporary granulation tissue into fibrous (cicatricial) tissue, or it may become "indolent" and "unhealthy," and end by the sloughing and purulent disorganisation of the granulation tissue.

A parallel, but not identical, process occurs in tubercle-infected granulation tissue, which, for short, we will now speak of as "pulpy" tissue; for whilst it may, it is true, also undergo the fibroplastic change—the beneficial one I have alluded to—we cannot be quite sure that there does not yet lurk within, in a quiescent state, some tuberculous material, ready on suitable provocation to light up the old trouble afresh. On the other hand, it may undergo the destructive process of caseation with or without the formation of "cold" abscess.

Now these are facts we must accept, and they form the starting-point of my present remarks. The following clinical and practical questions now arise:—Can we keep this pulpy tissue and prevent its further change? The answer is, no. It is essentially temporary; besides, it is dangerous, and the word malignant has even been used in regard to it, and sufficiently suggests its latent possibilities of mischief.

Can we cause it to disappear and leave no trace? Since it is a substitution tissue for permanent structures lost, it is clear its own disappearance must be followed by a further substitution, either caseation and abscess, and subsequent fibroplastic changes, or by its immediate transformation into fibrous tissue. Of the former I do not speak to-day; only of the latter. Consider what happens in tubercular peritonitis, where the serous membrane is sown with miliary tubercle. You may by laparotomy bring about a cure, but the serous membrane is no longer normal; the minute tuberculous deposits have not merely vanished; they have left behind a fibroplastic change, generally termed adhesions, with more or less likelihood of subsequent suffering. Or take lupus of the skin, treated not by removal, but by Finsen rays. The skin does not resume its normal appearance; but though the tubercle has vanished, the lost tissue is replaced by scar formation; obviously, therefore, if instead of removal by surgical operation of pulpy matter, we try to bring about its disappearance by light or chemicals, or other means, we may rest assured that cicatrices, fibrous adhesions, or fibrous ankylosis, according to circumstances, must remain; and there are certain cases in which we desire this result, and it is to this fibrotic change, or cure, irrespective of actual operation, I especially desire your attention.

Your experience will at once suggest that the prime step to take is to put the case, generally and locally, under the best hygienic circumstances—and I include here not only good food and fresh air, etc., but the physiological rest of the affected part—a treatment propounded long ago by the great John Hilton within the walls of Guy's. Unfortunately, however, we cannot always predict success for our treatment, for there are at least two unknown quantities that may be against us. One, the patient's personal equation, with which the modern expression, opsonic index, is in these cases almost, but not quite, co-extensive; the other, the kind of tissue involved.

In illustration of the latter, I ask you to think of your experience that most of you have already had in the Out-patient department and

in the wards. You are consulted by a mother, who brings her little girl with tuberculous glands of the neck in quite an early stage. I do not think any one would promise her that her child's glands, even under the most favourable surroundings, will be sure to "go down," and in due course "disappear" or "become quiescent." You know too well that it is far more likely that caseation will sooner or later follow, and then suppuration. There may be two reasons for this: the one because they are lymphatic glands, and you know their great tendency, apparently inherent in them when diseased, to break down, and what little tendency there is for tuberculous lymphatic tissue to undergo the fibrotic change and become cirrhosed and quiescent, and that, if they become quiescent at all, it is more likely because they have caseated, ready to resume activity at any moment. It is true the laity may now think the case cured, but you see the Damocletian sword still suspended, and the last state of the child is little better than the first. The other reason may be that the environment of a child's cervical glands is very unfavourable; they are exposed to every variation of temperature in the most mobile and ever restless part of the patient's body.

Contrast this with a pulpy knee. Your own experience will have taught you that if only you can give the necessary rest, food and fresh air, the case is much more likely to quiet down, *i.e.* to undergo the fibrotic changes, than to run the caseating course of a lymphatic gland; and your opinion will be given and your practice ordered accordingly.

The practical clinical point for us now is this: Can the surgeon bring about this conservative, constructive, and fibroplastic change of the pulpy tissue?

It was without any such pathological knowledge as we now possess that Mr. Hilton taught in his "Rest and Pain," as well as in his practice as I have already said, that physiological rest, especially in joint cases, tended to bring about recovery or cure—more or less: and this line of practice we may at times follow now, though the power given us by operation nowadays has removed the necessity for the months and years of lost activity that such treatment entailed. Of all pulpy joints the one treated on the plan of continued rest up to latest years has been the wrist; though now the improved method of excision by the dorsal method enables us to operate early and with as great a certainty of success as in any other joint.

We may now ask, Is this autocure, by substitution of fibrous tissue, advisable and useful or had the surgeon better in all cases interfere with the knife?

In answer to this, I will outline the case on which this lecture is founded:—

S. R., æt. 38, admitted into Luke Ward, September 10th, 1907. In 1902 he severely twisted the right knee. He had great pain, but limped about at work for two weeks, and then gave in on account of pain, stiffness and swelling. He rested at home and treated himself for four months, and then returned to work, but his knee was still swollen, and he could flex it but slightly. A fortnight ago he again hurt it. The swelling increased, the pain remained severe, and flexion was lost, so he entered the hospital. The knee, when examined, was typical of an old pulpy joint that had undergone fibrous repair, and the only possible conclusion was that either he had now roused up latent tubercle or torn his fibrous union, with concomitant local hæmorrhage. For three weeks he was treated with rest in bed and with a splint, but local heat and continued pain and swelling, pointing to a renewed tuberculous process, decided me to operate, with the view of clearing away any focus of disease that might be seen, and of bringing about a synostosis, for the flexion he enjoyed was too slight to be of real service. At the operation the interior of the joint presented the usual appearance of a pulpy joint that had undergone fibrotic repair, and in the discoloured state of the adventitious tissue it contained, was a proof of the severity of his sprain and of extravasation of blood. After vivifying the ends of the bones, the limb was put up in a splint and an uneventful recovery followed.

When admitted I found that this man's case was generally regarded as one of osteoarthritis, I suppose because it seemed incredible that, if tuberculous, he could have recovered under the circumstances and with the treatment narrated, and also that he could have worked in such a condition; and lastly, that, after five years, he could by an injury have relighted the old foci of disease. But all these suppositions are more than possible, even probable; and my view of the man was, as just mentioned in the report, that he not only had had a tuberculous or pulpy knee originally, but that he had, by the recent injury, started some quiescent deposit into activity. This case classically represents the history, condition, and sequence of events found in the *natural* repair of a tuberculous pulpy knee. We can never be sure that, hidden amongst the adhesions, there is not some quiescent focus of tubercle, and, if this be so, it

may be lighted up years after by quite a trivial accident.

I am sure many of you must have seen illustrative cases of this, and you are taught that where, after old tuberculous hip with ankylosis, —often, to be sure, with pyogenic infection as well—it is necessary to divide the femur to place the leg in a better position, such division should no longer be done through what remains of the neck, as in former times, but subtrochanterically, for the reason, amongst others, that the section of the bone is performed further from the original lesion, and with less danger of lighting up old tuberculous trouble.

In spite of this experience, however, we are generally pleased at the autocure of tubercle, and, imperfect though it may be at times, try to bring it about by rest, etc. Why it should be lasting in one case and not in another is hard to say. It may be that in time all trace of tubercle has really died out, all granulation tissue been converted into cicatricial; but there is also the probability that the patient's personal equation—his highly-maintained opsonic index, if it were known—has much to do with it; and this, too, explains, perhaps, why this man should have made such a wonderful cure, without special treatment or care. His "constitution" (capital word!) was strong.

Contrast this with a poor girl's case some of you saw yesterday. *Her* "constitution"—as judged by her face—was the antithesis of the man's. She came in with all the signs of early tuberculous hip, and three months of rest in bed under the best of circumstances not only had not benefited her, but the disease has progressed till I was forced to operate. I found, as you saw, only the pulpy change of the synovial membrane, no caseation, no pus. So I scraped away as much of the pulpy material as I could reach; in fact, I performed partial erasion, but not wishing to risk permanent injury to the joint more than I could help, I desisted from dislocating the head of the bone in order to reach behind, employing instead, as I will presently explain, another method to try and destroy the tuberculous formation that I could not reach with the steel spoon.

To excise a hip is to cripple the patient for life, more, I think, than by the removal of any other joint; and to have done this at once in this case of a domestic servant would not have been right whilst other possible means were untried. For the same reason, I did, with my eyes open, an imperfect erasion. The quality of the repair may in part account for the varying after-risks of recurrence. Compare a case of spinal caries with one of tuberculous knee or hip. My own experience is this, that given in each case an apparent cure, after a full period allotted for rest and treatment, the chances of relapse are far greater in joint cases than in spinal ones, when the patient returns to active life. The disease is the same in both. The general conditions may be the same, but the result of an accident will be certainly different. I can only account for it in this way, viz., that a tuberculous joint heals by fibrous union, which is easily sprained, *i.e.*, torn, with resulting hæmorrhage, whilst the osseous union in the spine being firmer resists strains and heals, and remains sound. In the former nutrition is at once lowered and a pabulum for organisms provided. In the latter nothing untoward has happened.

I trust you now appreciate the weakness as well as the strength of the autocure of tubercle. We will now inquire if the surgeon can bring about this fibrotic cure with better hopes of success: the problem being to bring about a permanent substitution tissue for the temporary and all but malignant tuberculous one; with the further certainty that all the diseased material has been removed.

Clearly, *excision* of the joint, or complete *arthrectomy*, is the most thorough. It is not my subject to-day, but I may remark that whilst, from its completeness in detail and the wide operative area it offers, it affords the best chance of successful removal of all disease, its very thoroughness is against it, as it of necessity interferes with the subsequent growth of the component epiphyses in the joint, besides starting troubles in deformity of another kind later, especially in the knee; hence you rarely see nowadays a complete arthrectomy done, at least in the knee. I did what was practically an excision in the case of the man whose history I have read you, and this for two reasons: one, that interfering with his bones, at his age, only made his leg the shorter by the thin slices removed—a matter of no consequence whilst the other is that by this method a synostosis is produced; and thus by simulating what happens in the spine, as I have just suggested, I hope to save the man from the risks of future sprains.

Partial arthrectomy, in so far as it interferes with the epiphyses, is open to the same objection, with this advantage, however, that as the scoop rather than the saw is used there is no immediate shortening by bone removal.

Erasion of the joint, i.e., the complete removal of all disease of the synovial membrane and ligaments, is obviously limited to comparatively

early cases, but it simulates the natural cure in substituting fibrous tissue, in not interfering with the bones, and surpasses it in the fact that there is the more certain destruction of all foci of disease. To this the knee lends itself rather than the hip, unless a complete dislocation of the femur is done at the time of operating. I did a partial erasion in the hip of the girl whose case I have already mentioned. I did not even dislocate the femur; it was, judged by the usual standard, an incomplete operation. I am quite aware of this, but I took other means to try and get rid of the pulpy matter that I could not reach with instruments, to which I will refer in a minute.

The chemical destruction of pulpy material in joints was tried long ago. It was about 1869 that Mr. Pollock, of St. George's, visited this hospital, and gave a demonstration in the operating theatre, on one of Mr. Cooper Forster's cases, of a method he had devised for the purpose, but which, for obvious reasons, did not in the long run find favour with surgeons. It consisted in making two lateral incisions into the knee joint, passing a long strip of lint through the two openings, and, after pouring pure sulphuric acid on the lint, of drawing it backwards and forwards through the joint, with the production of a repulsive magma of carbonized tissue and blood. The remedy, from its violence, proved worse than the disease.

The inhibitory, not antiseptic, action of Iodoform on the growth of organisms has been made use of by injecting a glycerine emulsion of this drug into the tuberculous joints of the young, in the hope that it would expedite the treatment by rest in bed and in splints, and insure the more thorough destruction of all tuberculous infection. My own experience is in its favour, thus used, and, whilst many of you have not seen it, perhaps, thus employed, you are quite familiar with its employment in large "cold" tuberculous abscesses—notably in psoas-lumbar abscess.

What seems to me to promise a marked advance on this, I am permitted to mention by my friend Mr. Makins, of St. Thomas's, who has tried it in some four cases, and with whom, I believe, it originated. It is the *injection of Formalin*, (a drachm with one or two parts of water, but there is as yet no fixed dose) into the joint itself, not for any destructive or caustic effect directly on the pulpy tissue, but with the hope of destroying the bacilli, and thus, rest being the other part of the treatment, fibrous transformation is perhaps hastened, and also there is the hope of prevention of residual foci. As far as he can yet say, the results seem to promise well. It is specially adapted for pulpy joints in quite young children, in whom, particularly, operative interference should, for the reason given before, be avoided.

In speaking just now of the young woman's case, in which I purposely did a partial erasion of the hip (not wishing to risk deformity by decapitating the femur), I said I did something more, to influence the parts I could not reach with the spoon. It was to pour into the opened capsule two or three drachms of equal parts of formalin and glycerine. The operation wound was then completely closed. (As I write this, three weeks later, I can add that no special pain resulted, that the patient, from the date of operation, lost all pain and tenderness, the wound healed primarily, and the girl has recovered her spirits and health.)

Lastly, I should mention, and with just the same object, the employment of *tuberculin injections;* not, of course, to act locally in the joint, but by raising the opsonic index to benefit the joint through the general health. We have now for some time known how really beneficial this method is in tubercle of the urinary tract, and especially in tuberculous bladder; indeed, in this terrible affection it is almost our only hope; but in joints the results are less easy to gauge, for the benefit is not immediate, and the treatment must be combined with that of physiological rest, open air, and the like. It is on its trial, and though from what I have seen and heard the treatment does not seem to promise much, still, it deserves a continued trial, whilst its employment at least does no harm.

Dr. Eyre, during the last year, has tried it twice for me in tuberculous hips in an early stage; once in a man, and once in a lad aged 19. The latter I have only been able to follow. He entered Luke ward, with a three months' history of pain, in October last. All the symptoms of early hip disease were present, together with swelling and tenderness of the great trochanter. He was under observation for six months, during which period five or six tuberculin injections were given. Each time he reacted in the usual way, and then Dr. Eyre considered he might cease treatment and leave the hospital. He was therefore discharged in May last, up till then being in bed in splints in the usual way. When he left it was in a Thomas' splint and on crutches. I saw him five months later. The hip was practically stiff; but there was neither pain nor tenderness, though the swelling about the great trochanter was still quite evident. I then advised giving

up the splint and gradually to try and bear weight on the foot.

The difficulty of judging of this result is that rest was being tried as well as tuberculin; and many a case, after six months' rest alone, can be discharged in the condition of this patient. In watching him I could not determine certainly whether, too, his pain diminished more quickly for the injections; and only, if after a further lapse of time he remains well, shall I feel justified in assuming that the tuberculin was a factor in his cure. My own experience in hospital is that a case of that age, and healed only by rest, is more than likely to relapse within, say, a twelvemonth; if he does not, I shall ascribe the permanence of the cure to the "constitutional" change brought about by the drug.

I can say but little of the man's case; I have not seen him for months, and he left the hospital rather earlier than the boy. If his non-appearance may be taken as proof of continued relief, the length of time that has elapsed points to the likely permanency of the cure; and I am quite willing to ascribe it in fair proportion to the treatment that Dr. Eyre kindly carried out for me.

Some "Front Surgery" Points in connection with Rickets.

By RALPH THOMPSON, Ch.M., F.R.C.S.

Text-books dealing with rickets are very numerous, and, in them, the statement is always made that rickets is a general disease. Any definition of rickets should always begin with this statement of fact. Rickets is a general disease, due to malnutrition, the chief manifestation of which is in the long bones.

It is this aspect of the disease which, of course, chiefly concerns the surgeon. By its external manifestation it is that the disease is so easily recognisable. The square forehead, the curvature of the long bones, which produce in the case of the lower limb genu valgum and genu varum, and probably in some cases coxa vara; and the thoracic groove, commonly known as Harrison's sulcus, and the beaded ribs, are frequently so obvious as to make a certain diagnosis possible at sight.

But rickets is a general disease, and the surgeon or the student with a leaning to surgery, should never forget that rickets, being a general disease, affects other parts of the body than the long bones, notably the alimentary canal and the lungs. Again, there is frequently another manifestation of rickets in the long bones, namely, the presence of a greenstick fracture of a long bone.

We may thus consider the changes in the alimentary canal and the lungs met with in rachitic children. It is upon a due appreciation of these changes that much of the successful treatment of rickets depends, especially of those which take place in connection with the alimentary canal.

First, the teeth are late in appearance, and when they have appeared they readily decay. Before they are too advanced in decay they are notched so as to resemble the teeth found in children who are the victims of inherited syphilis; but whilst in the case of syphilis the notch is shallow, forming a small arc of a large circle, in rickets the notch is deeper and forms a large arc of a small circle. The edges of the teeth are also often denticulated. This condition of the teeth leads to the formation of a vicious circle in the process of digestion or indigestion, as it might very properly be designated.

Secondly, owing to malnutrition, Nature, in her effort to be economical, instead of laying down good connective tissue and wander cells, which will help the epithelium of the intestinal tract to deal with the processes of digestion and the presence of micro-organisms, goes on strike, as it were, and only inferior articles in the shape of weak cells are deposited which serve no useful purpose, but instead clog the walls of the bowels and lead to congestion. This congested condition leads to inefficient action on the part of the epithelium, which leads to indigestion, the excessive formation of mucus, the presence of gas, and much undigested material, thus leading to the distended abdomen of the rachitic child, and to the offensive diarrhœa. In this knowledge lies the clue to the correct treatment of rickets which should always be begun by the administration of a purge, followed by laxatives.

With regard to the lungs, the same process goes on; the bronchial tubes are congested, mucus is secreted in excess, micro-organisms are not attacked with any vigour, and bronchitis is the result. When a young child is brought into the front surgery with bronchitis, the exact number of râles or rhonchi, which can be heard by a keen man, are not of so much importance as the knowledge that the bronchitis is due usually to one of three causes—measles, whooping cough, or rickets. The rickety child suffering from bronchitis desires to get rid of the excessive mucus, but here he is at a disadvantage. The diaphragm, which is after all the chief muscle of respiration, whether forced or quiet, has to work upon soft ribs which are dragged in by its action, and therefore the mucus cannot be got rid of. Here again a vicious circle is set up. The rickets sets up bronchitis. The bronchial secretion, teeming with organism, cannot be dealt with efficiently owing to the diaphragm having to work upon softened ribs.

The bronchitis and enteritis concern the physician. We must now consider that which more intimately concerns the surgeon, namely, greenstick fractures of the long bones. We should, however, remember that rickets is a disease which at its beginning concerns the general

medical practitioner. And he who only considers one aspect of the case will inevitably go wrong.

Greenstick fractures occur commonly in the radius and ulna, the clavicle and the femur.

As a general rule pain is complained of in the region of the part affected, and here a rule, strongly insisted upon by no less an authority than Professor Wright of Manchester, who probably learnt the rule in the front surgery at Guy's, may be quoted, and it is this: When a child complains of pain in one limb, always examine the sound limb first in order to give the little one confidence, and, perhaps of more importance from the examiner's point of view, obtain a normal standard of the child's behaviour under abnormal surroundings and conditions.

There is some swelling and bruising over the fractured bone, and irregularity in the line of the bone, especially well-marked in connection with greenstick fractures of the femur. In this bone the curve of the fracture is outwards and forwards.

Splints should, of course, be applied as for ordinary fractures, but the general treatment of rickets should also be carried out, just as general antisyphilitic treatment should be carried out in connection with separated epiphysis of the lower end of the humerus, where apparently slight violence has been the cause of the injury.

The treatment of rickets may now be considered. Calomel is a very good purge, and is well stood by children, and in this respect is like belladonna. Diet should be begun as on the lines laid down in the books and printed leaflets, but a warning may, with advantage, here be given with regard to two points.

In the first place, the milk of poor mothers is deficient, after the first few months of suckling, in proper nourishment, and one of the worst cases of rickets that the writer has ever had the misfortune to see was in a young infant still at its mother's breast twelve months after birth.

Secondly, fat, which is an essential of a correct antirachitic diet, is frequently recommended without due regard to the principles of common sense. Remember that if you order the best fresh butter it will cost at least one and sixpence a pound. Therefore it should only be bought for the baby affected. If bought in such a relatively large quantity for one patient, it will not keep, and will soon go rancid. Remember that such butter should only be bought in small quantities at a time. Remember, too, that good margarine is better than bad butter.

Do not order dripping in a casual way; remember that dripping can only be got from prime joints, unless all the "goodness" is got from inferior ones. Finally, remember that even "at the largest and best dairy in the neighbourhood" the apparent quality of the cream supplied may have a closer connection with Smithfield slaughterhouses than is imagined, and that its thickness may be due to the presence of the brains of a "braxy" sheep.

Papers by Guy's Men.

An Address on Some Cases of Unexplained Fever in Infants and Children. By Henry Ashby, M.D., F.R.C.P.—*The Lancet*, 7th December, 1907.

A Criticism of Schemes and a New Scheme for the Dental Treatment of British Troops in India. By Captain S. C. Bowle, R.A.M.C.—*Journal of the Royal Army Medical Corps* for December, 1907.

A Fatal Case of Chorea associated with Double Optic Neuritis and Hyperpyrexia in a Child, aged three and a half years. By George Carpenter, M.D. Lond.—*The Lancet*, 30th November, 1907.

Hysterectomy and Appendicectomy performed on a patient aged 74. By John D. Malcolm, F.R.C.S. Edin.—*British Medical Journal*, 30th November, 1907.

A Case of Sudden Death from Aneurysm without Previous Symptoms. By Captain A. C. Osburn, R.A.M.C.—*Journal of the Royal Army Medical Corps* for December, 1907.

On Glycogen Formation by Yeast. By F. W. Pavy, M.D. Lond., LL.D., F.R.S., and H. W. Bywaters, Ph.D., F.I.C., A.R.C.Sc. Lond.—*The Journal of Physiology*, November 29th, 1907.

A Case showing Division of the Clavicles into Two Halves, with other Bony Deformities; Cleido-Cranial Dyostosis. By E. I. Spriggs, M.D. Lond., F.R.C.P. Lond. (Illustrated.)—*The Lancet*, 7th December, 1907.

Note on Treatment of Trigeminal Neuralgia by Injection of Osmic Acid into the Gasserian Ganglion. By G. A. Wright, M.B. Oxon., F.R.C.S. Eng.—*Ibid.*

Change of Address.

Dr. C. Shaw Bond, from Spring Grove, North Malvern, to 7, Broadlands Road, Highgate, N.

Dr. H. W. Collier, from 24, Dyke Road, Brighton, to 71, Whitehall Park, Highgate, N.

Mr. E. Laurence Pilbeam, L.D.S. Eng., from 31, Southdown Avenue, Brighton, to Barberton, Transvaal South Africa.

Mr. David H. Wallis, L.D.S. Eng., from 25, The Borough, Farnham, to 4, Castle Street, Farnham, Surrey.

Dr. James Bunting, from Earlham, Torquay, to Ellesmere, Torquay.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

The Late Lamented:—"I never could resist a really good 'rag.' If this sort of thing goes on I shall have to come down."

In Lighter Vein.

BUNCH INTERVIEWED.

(An old Wheeze.—Ed.)

At the request of the Chief, after purchasing a 1908 diary containing a £1,000 insurance policy, and fond farewells to my friends, I set out on my mission, one fraught with no little danger. I was to interview Bunch, and ascertain from the Super.'s canine curiosity his views on the Brown Dog incident. Fortunately, *en route*, I met Chivers, who, learning of my intended task, advised me to change into corduroys, don an overall, smoke a clay, and carry a 10.30 racing edition of the *Star*. Undoubtedly this conferred a certain immunity, for I have no doubt I would never have been able to approach his Canine Eminence garbed as an ordinary student. As it was, he took me for one of his own particular pals—a workman.

My first objective was the Matron's office. 'Had anyone seen Bunch?" "Oh, yes; he *was* here, but got out—when the last draught blew in," they informed me. Traces of his presence and the coal-bunkers were indelibly evident on the hearthrug.

In the Colonnade I met him of the huge moustache and eternal spanner who walks about all day turning things on and off. I respectfully repeated my query. Probably I would find Bunch behind the front surgery, he told me.

There he was, sure enough, amongst his grimy pals, engaged in what resembled, at first sight, a Socialistic tea-fight, or tea on the terrace at the House of Commons ten years hence. A discreet cough and I approached.

Perhaps it was rash of me; anyhow, my first question caused quite an "*émeute*." "Was Bunch any relation to the Brown Dog done to death, etc.?" Well, corduroys *are* thick, but within five seconds Bunch and I emerged from the *débris* of lunch and workmen, in more or less intimate relationship, with a good six inches of an essential part of the aforesaid missing. After hasty explanations, we continued in a more amiable fashion.

What was Bunch's opinion of the Battersea Borough Council and anti-vivisectionists? Oh, Bunch, I blush for you. What a flow of language! My friends of Billingsgate and the truculent after-twelvers of a bibulous Saturday night must for ever bow down before you. Oh, doggy of "Ours," those associates of yours are corrupting you; leave 'em, Bunch, be a nice quiet, tame, respectable medico-dog, with a professional air and a staid dignity. However, there was no doubting His Eminence's views, and fear for my eternal soul and the Censor prevent me from voicing a single sentiment.

As the atmosphere seemed still somewhat electrical, I deftly changed the subject and discreetly enquired of my distinguished friend his views on hospital generalities. In the first place, he wished to know what was that fearful and eternal din going on over the College way, like the despondent mewls of the Shades of Kilkenny. On being informed that it was merely the Nigger Band practising for Xmas, he was considerably mollified. Then, again, who were those strange people in white coats who were constantly bustling about; the Barber, he knew; the Baker, he knew; Mr. Coles, he knew; but these busy folk, who were they? The fact that they were O.P.O.'s he received with a leer of disappointment, since for several weeks he had pondered whether they came under the category of desirable acquaintances or not. Who were all those people of many hues and strange tongues who congregated about the Colonnade about two o'clock, and seemed to surround Mr. Lane like adhesions round a lazy colon? Did they really cluster round the operating table like that and talk about asepsis with one hand on the towels and their coat-tails in the instrument tray? They ought to have tried it on when Rudy was a dresser, that's all.

"Why was it that the Super. always ran up the stairs, at a ten second's bat, in the medical block instead of using the lift?" I asked Bunch.

He said nothing, but with tongue out he gave me the drollest, doggiest wink I've ever seen.

I asked his lordship what he thought of the new faces on the staff. He murmured something about promising colts, but wanted to know where Tommy Hicks was, and why *does* Dr. French always carry an umbrella. These and a hundred more questions he fired at me; then, after fond farewells, I sidled as modestly as circumstances would allow to my room and a new pair of—well, *not* corduroys.

"THE KERNEL."

Papers for the Newly Qualified.

XIII.—Locums: The Principal's Point of View.

To write about persons is a much more delicate matter than writing about affairs and their circumstances. If a locum tenens is to be engaged, I would say, "Get one after your own turn of mind." If, however, this is impossible, and you have no friend who will take on the work in your absence, then go to some well-known agency, either at your own hospital or one advertised in the medical papers. It is no use worrying while away, for though your substitute may have, and express, quite different opinions to those which your patients are accustomed to hear from you, you must let events go as they will, and be content if you have an honest and practical man as your deputy in your absence on a needful holiday.

I remember one year exchanging. My friend with his wife came to town to my house, and I became his locum, taking my wife and children with me. While staying in his house in a quiet country town, I took the opportunity to visit frequently the livery stables and the boat-makers, who, finding their trade on land and water so stimulated, expressed the wish that this sort was going to stop with them, for my friend, who was working for me in town, was a very quiet man.

It is always well to arrange with a medical neighbour before you leave for your holiday, who, should he be referred to, would kindly help your locum in advice or practice. It is also well to leave the names of a consulting surgeon, obstetrician and physician to make it easy for the locum in case of need.

It must be understood that you are safe to lose something by going away, but this is unavoidable. There are some patients so curiously constructed in mind, that they will refuse to see *your* stranger and deputy, but will, nevertheless, go straight away and see some other stranger, and have their wants attended to. It has been the custom to find fault with the locum tenens, but those to be complained of are the exception—a friend of mine has just returned from a six weeks' locum in Devonshire. The practitioner, now he has returned, is doing all he can to get his locum to join him in partnership, so pleased is he and all his patients with this deputy; and, by the way, this is the safest way to start in practice, and the most pleasant, too, to prove yourself so useful that you are asked to join at a certain place rather than set up in what seems like opposition to others. I was asked after my first year at my first assistantship to stop, but I refused. The same event happened at my second post, where I stayed nearly three years. At my third appointment, to which I was asked to go, I consented to stop, and here I am to-day.

XIV.—Defaecation.

That the genus homo should need instruction in the act of defæcation would seem to be a severe indictment against civilization. But my contention is that the instructors are wrong, and not the genus homo; the advisers are doing the harm and not the civilization. Of course I am speaking of a man, woman, or child in health. But some—and they seem to follow one another like sheep—are laying down rules for the normal evacuation of the human bowel, as if the healthy gut did not know its own business, and know it far better than any outsider knows it.

In a natural evacuation the potential energy of the vermicular movement of the intestines is conveyed to the fæces, so that they come away from the body in a steady, quiet, and comfortable manner, without needing strain or stratagem, medicine or mechanical force, or advice of any kind.

Just as in micturition so in defæcation, we may, because we do, exercise momentary pressure at the commencement and at the finish, a single or double purposive twitch of the *sphincter ani* to make sure that the last morsel is squeezed out. One of the last fads in advice seems to be that you must get into that position in which you strain most effectually, and since it is not convenient to squat on the ground, you must squat on a specially-made pedestal.

Some complain of the little use we make of our abdominal muscles for the thorough expulsion of fæces and flatus. The only use I find necessary is simple rigidity without straining or forcing down, instinctively fixing the feet on the ground, and the arms on the thighs, the sphincter opening for the mass to pass by its own acquired energy and the intestinal *vis a tergo*. All straining is a mistake. When much straining is exerted the result is generally a very small pencil or tape of fæces, so that when it is thought that most is being done, the least is really being accomplished. Again, if you once begin straining, and so create a

habit, you will find that you have to strain a little more each time till the daily business of evacuation becomes a trial instead of a quiet unsophisticated process.

Moreover, it is important to look on to old age, when muscles are feeble and nervous energy low. What a toil defæcation will then be, and what troublesome resorts to artificial means will have to be taken by those who in younger years adopted the custom of straining. The horse does not seem to give the matter a thought. Trotting on or standing still, the boli of surplus material drops from him quite respectably, the intestines faithfully doing their duty, the *sphincter ani* joining in with them and giving its consent that the right moment has come for the fall of the bile-stained fœcal balls.

That the quality of the motion depends on diet seems to be clear from comparing the fæces of the grass-eating country cow, the town horse fed on dry corn and chaff, and the carnivorous dog, for in this order they are loose, less loose, least loose.

Since we are practically omnivorous, we should be able by diet to regulate the consistency of our stools, each one for himself. Excess of flatus is a distinct hindrance to a comfortable motion by breaking it up into pieces. Everything which causes gases to form, such as drinking any but very little liquid with a substantial dinner, should be avoided.

The quality of the motion depends on other circumstances besides diet, such as the conditions of the air, whether town air, sea air, or country air—such as the varieties of occupation, whether indoor or outdoor, sedentary or perambulatory.

In addition to these factors, our genealogy cannot be disregarded, for habits of looseness or costiveness may be inherited.

The secret of a comfortable stool depends on many factors, then. Regular habits, hour by hour in the day by day of life; meals, and meals of the same general kind at the same hours (Sunday often upsets the continuity); the same time spent in the horizontal, sedentary and upright postures; the same amount of exercise, and visiting the closet at the same hour, whether feeling an imperative call or not. What is very important is that there should be no hurry, a leisure of five to ten extra minutes may enable all to be accomplished, but better postpone, I think, than strain. Let the tube of the rectum get a little better filled up and the back door will open gracefully without being rudely burst open.

Warmth is a considerable help to defæcation —a cold closet has a deterring influence. In the case of an old man, who had obstructive piles, his former experience of having to sit at the closet for half-hours with straining was turned into that of minutes by taking a lighted lamp along with him and warming his hands round the lamp. He used to tell me with glee how magical was the effect of this warming. How sensitive the bowel is to warmth we all know in the help warmth and warmed hands are in reducing a strangulated hernia. Personally, if the backs of my hands get cold I cannot help sneezing.

These days and habits of travel tend to constipation or relaxation, because we are thrown into an atmosphere different to that where we usually live. On some, the country air, and more so the air of the sea, has a marked binding effect, but within a few hours of the return to town the normal balance is re-established. There are others who find no such result, but even a loosening effect, though the circumstances are the same. Besides the change of air when away from home, we have to conform to alien habits, hours and dietary. But when at home it is, with some, quite possible to order life in all its details so that they can defæcate usually daily almost unconsciously without any effort, and much more without any regulated advice or the frequent resort to medicine.

The beasts who suffer little from indigestion and irregular evacuations, as a rule, have a regular life, because their owners find by giving them the same food at the same hours, combined with the same amount of exercise, they get the most amount of healthy work out of them. We must expect, then, change to be potent in the details of defæcation, just as it is in its effects on menstruation, showing its influence in some individuals of course more than in others.

Under excitement, the nerves being aroused, the *sphincter ani* may expand prematurely, as in the horse, who, at the thought of going out, will dung while he is being harnessed in the stable. A clergyman friend of mine in his young days always had to take a dose of astringent medicine in the vestry to check his tendency to looseness of the bowels which was wont to occur just before going up into the pulpit.

On the other hand, where nerve influence is paralysed, as in a fit, or in *articulo mortis*, urination and defæcation may one or both occur.

I fancy that those people who live lives without the nerve stimulant of enterprise have often

the least natural and most conscious rectal performances. In this concern, mind and matter can both play a part, but I would say the mind is best out of it, except as a sleeping partner awaking only for any special emergency.

It is good to know of plenty who have for tens of years, day by day, obtained satisfactory relief without any dodge or manœuvre, and to be assured by these that our *mens naturæ* and *vis naturæ* are comfortable realities.

"AFTER THIRTY YEARS."

Sport.

Rugby Football.

GUY'S v. NEWTON ABBOT.

Played November 30th. The team travelled down to Newton Abbot on the Friday night. Archer again played on the wing, Stringer being still "crocked." Pritchard was also an absentee. Guy's lost the toss and kicked off against a strong wind, and immediately got into the home territory. From a scrum the Newton forwards worked the ball back to mid-field, and Duke saved a fine dribble. The three-quarters' passing was weak, and Newton pressed, and from loose forward work Lethbridge scored, and Bunclarke converted. The forwards soon afterwards all but scored, but the ball was again brought back, and Archer fumbling, nearly let Newton in again, Turpin slipping when a try was certain. After mid-field play, Jones made a fine run, and kicking across, Guy's nearly scored. Guy's were now pressing, but lost a good chance by forward passing. The Newton forwards again pressed, but good defence kept them out. Half-time arrived with the score 0—5.

Guy's recommenced strongly, and McEvedy made a fine attempt at a dropped goal. A good passing rush gained ground, but Venton defended well. Soon after Jones made a splendid run from half-way, and using great judgment, sent Lee in with a fine try. Saunders failed to convert. After some good forward play, Jones made another good run, but was well tackled. Soon after, Guy's again attacked with a fine passing rush, McEvedy scoring far out. Newton then attacked, but their backs failed them. Guy's again attacked, Lee making a good effort, which, however, just failed. Towards the finish a Newton forward gained possession, and looked like scoring, but was tackled by McEvedy, who proved too speedy for him. Duke saved well, and soon afterwards time was called, Guy's winning their hardest game this season by 6—5.

REMARKS.—The forwards played well against a strong West Country pack, and all deserve praise. Archer, on the wing, had an off day; the others did well. Duke, though erratic at first, played well towards the end. The halves were slightly superior to the home pair.

NORTHAMPTON v. GUY'S.

Played at Northampton on December 7th. We were unable to take down a full team, absentees being Saunders, Archer, Hind, W. E. Williams, and Stringer. The Northampton ground is unique. At one end there is a pond, only thirteen yards from the goal line, and there is no fence between it and the ground. The ground would have been in a very bad state if it had not been for the length of the grass. Northampton won the toss and we kicked off from the "pond end." We started by being hustled; our backs put in kicks which were charged down by their forwards. Soon after the start a free kick was given against us for offside. From the kick Jones made a mark, and returned to touch. Their forwards rushed the ball down and nearly scored. The pressure was relieved by our forwards, who took the ball to half-way. Monaghan made a mark from a knock on from a line out, and soon afterwards Lee made a mark and gained ground with his kick. Their three-quarters attacked, and one of them had a drop at goal, which went wide. The ball went dead. Soon Saner made a splendid dribble, and then Monaghan made a mark. Jones gained ground with a grand kick. Northampton attacked again, but Duke relieved with a good kick. Some bad passing between our three-quarters nearly let them in, but Duke brought off a splendid tackle. Our three-quarters then got going, but Jones kicked too hard and the ball went dead. Soon after the drop out, after some passing between the backs and forwards, Williams scored between the posts, and Lee kicked a goal.

After the kick off Northampton went off with a tremendous rush, but we were quite equal to the occasion. When Mobbs appeared to be right away Sprague brought off a magnificent tackle. For a few moments play was very exciting, and they were nearly in. Lee returned with a long kick, which was returned to him, and he found touch near the half-way flag. Northampton gradually worked their way back to our "twenty-five," and Saner relieved with a kick into touch. Half-time then arrived.

Northampton restarted at a great pace, and took the ball up to our goal line, but Duke brought off a magnificent save. Play settled down about half-way, when we heeled, and Monaghan made a fine opening, and after running for some distance he passed to Lee, who in turn passed to Saner, he passed to Jones, who had managed to get out to the wing, and he scored in the corner. The kick failed. The play was very even for a while, and Pinching spoiled a dangerous bout of passing by the Northampton backs. Our tackling was very sure and our opponents' three-quarters could not break through, so they started kicking across. They were getting the ball in the scrum much more often than we were, and their kicking across was very effective. They were nearly in several times. We had a very bad quarter of an hour, and at last they scored, after a splendid passing movement. The kick failed. For the next ten minutes we were "all over" our opponents

and nearly scored once or twice, but for the last few minutes, in the dark, Northampton were in our "twenty-five." Just before the whistle went Jones relieved with a splendid kick into touch. Result:—

Guy's	...	...	8 points.
Northampton	...	...	3 points.

Team:—

Guy's.—H. L. Duke (back): F. D. Saner, H. Lee, J. P. Jones, A. D. Williams (three-quarters); H. Cane, P. J. Monaghan (halves); W. G. Pinching, H. R. Mullins A. H. Crook, G. C. Sprague, E. L. Elliot, A. Moberley H. Hoby, G. T. Roberts (forwards).

Remarks.—It was a really good game to watch. It was very keen and very "hearty." Our forwards worked very hard. Northampton were quite a stone heavier per man in the scrum. Northampton got the ball much more often than we did, and perhaps the feature of the game was the way we defended. The tackling all through was magnificent. The wing never had to tackle a man by himself; there was always some one to help him, a half, forward, or three-quarter, generally two three-quarters. Lee and Jones were very safe in the centre, their kicking and tackling was nearly perfect. Williams and Saner played very well. Williams' passing was sometimes erratic, but he looked after Mobbs splendidly. Cane and Monaghan got through an enormous amount of work, but Monaghan is slow at making openings. Duke was very plucky at full back and stopped some ugly rushes. The whole team worked very hard. It was good to see the plucky way in which the younger members of the team withstood the very vigorous onslaughts of their opponents. After the game the Northampton club gave the team dinner, and a very pleasant and amusing evening was passed there before returning to town.

Association Football.

GUY'S v. EMERITI.

This game, which was played on Wednesday, the 4th at Honor Oak Park, was throughout a well-sustained and energetic one. The forward line played well, the passing and shooting being better than usual. They were well supported by the halves, Gibbons and Humm, who vigorously assailed the oncoming forwards; Denning also showed a return of his old form, so that the result was never in doubt, and Guy's won by 5 to 0, Birks and Witts scoring twice each and Whiteley once. Team:—

Guy's.—W. W. Cook, C. E. Witts, W. F. Whiteley, H. H. Birks, H. H. Glover (forwards); H. L. Gibbons, F. W Denning, P. Humm (half-backs); H. R. Bastard, C. H. Mills (backs); C. A. Wood (goal).

GUY'S v. BECKENHAM.

The team which went down to Beckenham was not expected to win, but owing to the activity displayed by the forward line, who worked with some effect, a goal was scored before twenty minutes was up. King centred from the right with wonderful precision, and the ball after a struggle was forced through. Several good attempts by heading were made, but were unsuccessful, and at half-time the score remained at 1 to 0.

During the second half, Hole having reached the goal-keeper through Jones, headed another excellent centre from King into the net; and a short time later Witts put in a tremendous shot which drove through the goalkeeper's hands.

Hole and Jones at left inside and centre played well, but the backs forced the game by driving the ball steadily up to the forwards whenever the opposing side got away. Team:—

Guy's.—R. M. King, C. E. Witts, T. L. Jones, K. H. Hole, H. H. Glover (forwards); H. L. Gibbons, W. F. Denning, P. Humm (half-backs); H. R. Bastard, C. H. Mills (backs): C. A. Wood (goal).

GUY'S 2nd v. OLD ASKEANS.

This fixture, played at Honor Oak Park, on November 30th, resulted in a win for the Hospital by 5 goals to 1. Four of our team were filling up gaps in the first XI., but we were fortunate in our seach for substitutes. The ground was in a very slippery condition, making both attack and defence rather uncertain. Our first goal came early in the game, Mitchell putting in a shot which was fisted out and met by Smith, who easily scored. The visitors replied by attacking, and were not long in equalizing with a shot which glanced off Rook's leg into the net. This turned out to be their only success. Our forwards got working again, and Gibbons put in a good shot which was only partially cleared, and again Smith was successful with a low cross shot. Our next goal was scored by Gibbons, following a tussle in front of goal. A centre from Mitchell, which Wain converted, was responsible for the fourth goal. The last goal of the match came from a corner taken by Haycraft, which curved into goal and was misfisted by their goalkeeper.

Mitchell was very prominent at outside left, his centres, though, are inclined to be rather forceful. Gibbons proves himself good in any position. Wain combines well, but should practise shooting. Townrow at centre-half was at his best and kept his men well in hand. Edmond at right-half marked his men well, but should steady his forward passes. Reader at right back kicked well and was very sound throughout. Rook in goal brought off some brilliant saves, and it was due to him that the visitors' score was not increased. Team:—

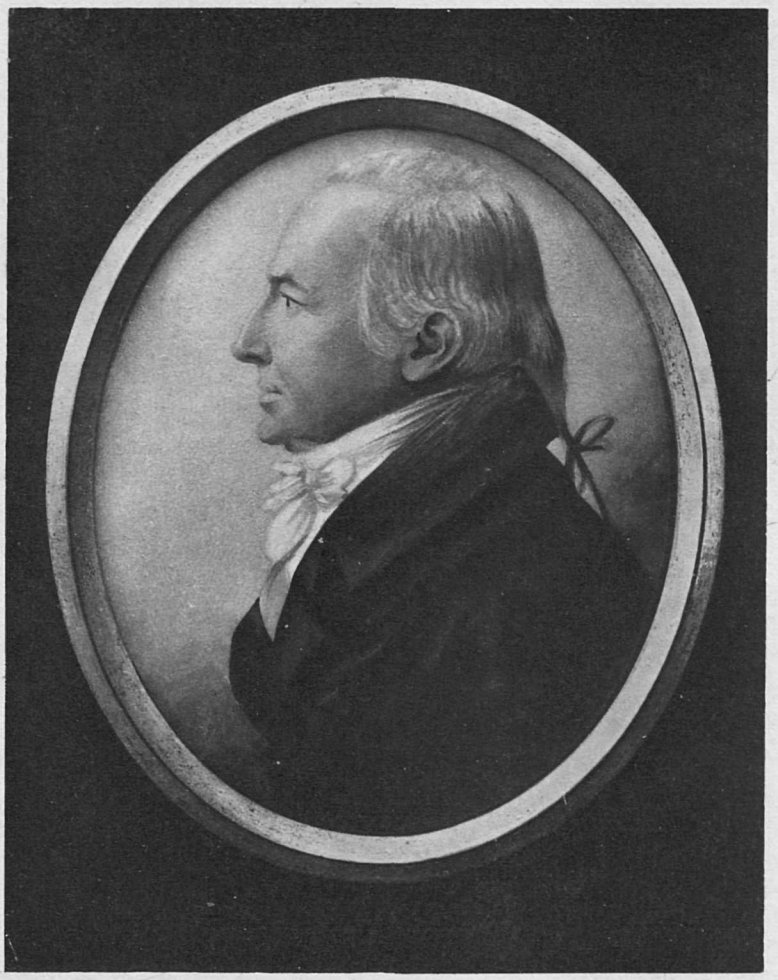
Guy's.—H. C. Rook (goal); W. Reader and W. Johnson (backs); J. A. Edmond, V. Townrow, F. Morres (half-backs); G. Haycraft, Wain, H. L. Gibbons, Smith, D. A. Mitchell (forwards).

Deaths.

GRAHAM.—On December 5th, George Herbert Graham, M.D. Durham, L.R.C.P. Lond., M.R.C.S., D.P.H., of 14, Old Cavendish Square, W.

HOOPER.—On November 24th, at Trinity Square, Borough, S.E., Daniel Hooper, B.A., M.B. Lond., in his 85th year.

Eds.—M. E. B. & L. M.



William Hunt

GUY'S HOSPITAL GAZETTE.

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William Hunt.

Extract from the Minutes of a Court of Committees, 7th October, 1829.

IN presenting to our readers' notice this Christmas our portrait of William Hunt, we would draw the attention of those who have hitherto learnt but little of him, to our illustrious benefactor. William Hunt has been well styled "the second founder" of Guy's Hospital, and was a silk merchant of the City of London, residing at Petersham in Surrey. As the details from the court minute-book beneath will show, he desired provision to be made for the addition of a hundred beds. In order to carry out this wish immediately, the Governors made use of a building, formerly a hop warehouse, standing to the west of the old Hospital (now the Surgical Buildings). This, under the name of Petersham House, did duty in accommodating a large number of patients until the present Medical Buildings, otherwise known as Hunt's House, were completed. Petersham House was subsequently pulled down, and our Dental School stands on its old site.

Many interesting details of the bequest of William Hunt will be found in the following extract from the minutes, kindly arranged for us by Mr. Henry Williams:—

"THE Treasurer stated that the particular occasion of calling a Committee was the death of William Hunt, Esq., of Petersham, which took place on the 23rd of September. He had been for twenty-five years a Governor, and for many years a Standing Auditor, and had, by his will, made a most munificent bequest to this hospital. That Mr. Heath, a member of this Committee, Mr. Fuller Farr, and himself, were Executors, and that they believed that the bequest to the hospital, which was of all the Testator's residuary estate, after payment of certain legacies and annuities, would amount to £200,000, all of which was in the Public Funds, with the exception of his residence at Petersham (which was copyhold and leasehold) and the furniture, &c., in and about the premises. The Treasurer also stated that he had, in the performance of his duty as one of Mr. Hunt's Executors, and in exercise of the authority with which he was invested as Treasurer, complied with the wish expressed in a codicil to the Testator's will by having his remains deposited in a stone coffin in the vault under the chapel of the hospital, and that many of the Governors

and the officers of the establishment had attended the funeral, and that he had caused the servants of the establishment to be put into mourning on the occasion. The Treasurer also stated that the will and codicil had been proved, and laid the probate before the Committee. He also stated that it would be very desirable that a discretion should be exercised as to the time and mode of converting the Testator's residence and personal effects into money and as to whether some articles of the latter should be so converted at all, and that he had been advised that the Executors could not exercise such discretion without the sanction of the hospital, but that it was competent to the hospital so to do. He therefore requested the instructions of this Court thereon.

"The will and codicil, the former dated the 1st day of December, 1825, and the latter the 8th day of February, 1828, were then read and considered, and it was—

"Resolved: That this Court do most cordially recommend to the General Court of the President and Governors to pass the necessary resolutions for complying with the conditions upon which the hospital is to become entitled to the Testator's residuary estate, and also for giving full effect to the Testator's intentions that the hospital shall provide accommodation for one hundred more patients than were required to be provided for by the Founder of this hospital, and in order the better to convey such recommendation of this Court a report was agreed to and ordered to be laid before the General Court of the President and Governors, with a copy of the will and codicil of the Testator, and that such General Court be called for Wednesday, the 14th day of October, instant, at two o'clock precisely.

"The General Court received the recommendation of the Court of Committees on the 14th October, and—

"Resolved: 'To heartily concur in the recommendation of the Court of Committees.'"

Extracted from the Court Minutes.

HENRY WILLIAMS,
Clerk.

Passim.

HERE we are again! Christmas festivities have begun, and are going with all their usual *eclat*. The Niggers have been, seen, and captured. The wards, resplendent in their festive garbs, have inspired many an admiring "Oh! isn't it pretty." Great credit is due to both students and nurses for their artistic efforts and the great labour entailed, but one can be certain that they have been repaid again and again by the appreciation displayed, not only by patients, but by the thousand and one visitors who thronged our ordinarily sedate old building.

As usual, the Works department take no small share of the credit due. Their efforts this year have, if possible, outrivalled all previous attempts, as a stroll round the wards, when the lights are on, will quickly convince.

Our thanks are due to the various piano manufacturers who have, with their customary generosity, lent pianos to the wards. Also to those kind folk who so unselfishly gave up their time, and by their talented efforts amused our inmates. May it be sufficient recompense to them to know that the patients, one and all, enjoy these concerts to the utmost.

Festivities started, as usual, on Christmas Day, when the Niggers made their tour of the wards. Their reception at the back where the happy crowd of Boro' youngsters were making short work of much tea and cake, etc., was enthusiastic in the extreme. What a happy, noisy crowd those kiddies were! How they enjoyed themselves! Give us the greatest cynic that ever breathed, or the most morbid pessimist that ever whined, an hour with those children on Christmas Day, and our despondent friends will feel that satisfaction which warms the heart, which enforces the smile. Their happiness is contagious; it communicates itself to all.

The topical songs of Mr. Mullins and Mr. Nutman, also the added verses to Mr. Cooper's and Mr. Davies' songs, were quite some of the features of the Niggers' show. We hope on

some future occasion to be able to publish some of these for the benefit of those unfortunates who were not able to hear the Niggers. In fact, this year the noisy, happy, ever-welcome black-men were better than we have ever yet seen them. We congratulate one and all of them on their splendid performances.

In the evening of the 26th, the Residents' Theatrical Performance took place, of which a detailed account will be found elsewhere. To-day (Friday), as we go to Press, concerts are being held in Job, Dorcas, Addison, Mary and Queen, whilst in Martha, an excited crowd of youngsters surround the beautiful Christmas Tree, for which that ward is so justly famous.

We are pleased to hear that Dr. Horrocks, who has undergone an operation, is making rapid strides towards convalescence. We trust that he will soon be amongst us once more, and that his future health will leave nothing to be desired.

The Distribution Committee of the King Edward Hospital Fund have this year apportioned us £15,000, with the subjoined remark that £10,000 is to be devoted for the purpose of putting into execution this winter the new Out-patient building scheme. Soon we hope to see arising an edifice which will do credit to our venerable old pile, and will bring us into line with the most up-to-date Out-patient department in similar institutions.

We congratulate Mr. T. B. Layton and Mr. B. A. Richmond on their brilliant success in the London M.S. and M.D. examinations respectively. Mr. Layton carried off the Gold Medal in the former examination, whilst Mr. Richmond attained the like distinction in the latter. Bravo! both of you, your Alma Mater is proud of such sons!

We cannot allow this issue to pass without registering the gratitude of the whole hospital to the indefatigible and popular President of the Residents, Mr. Wragg, who has so unselfishly devoted so much of his precious time and labour to the ensuring of a pleasurable and successful Christmas. Especially is credit due to him, for, added to the multifarious duties entailed in organizing the festivities, he was take-in H.-S. for the week.

The end of this year sees the departure from our midst of not only Mr. Wragg, but also Messrs. C. E. M. Jones, Leipoldt and Daw. We will sadly miss all of them, not only in the wards, but also in the college. They take with them our best wishes for a happy and prosperous career.

We are desired by the Hon. Secretary of the Clubs' Union to make a special notice of the decision of the Council to make the Blue Book more interesting to Old Guy's men. Such an addition as the Council propose to add will provide, if fully carried out, another valuable link between Old Guy's men; but we would point out to the older members that the work is entirely dependent on themselves, and that the Secretary can do little or nothing towards making the yearly alterations without their help. We do most heartily commend Dr. Mann's scheme, of which details will be found in the correspondence column, to all Guy's men.

Change of Address.

Dr. R. D. Bridger, from 26, Priory Road, West Hampstead, N.W., to Chilworth House, London Road, Biggleswade, Bedford.

Mr. T. E. A. Carr, M.B., B.S., from Guy's Hospital to the Eye Hospital, Church Street, Birmingham.

Mr. H. T. Hicks, F.R.C.S., from 15, Portman Street, Portman Square, W., to 56, Friar Gate, Derby. (After 1st January, 1908.)

Captain F. M. M. Ommanney, R.A.M.C., from Rawal Pindi to Upper Topa.

Captain H. D. Packer, R.A.M.C., from Portsmouth to West Africa.

Dr. Douglas R. Pike, from 3, Cromwell Crescent, S.W., to Stalmine Lodge, Stalmine, near Poulton-le-Fylde.

(The Editor will be very glad to receive a postcard with notes of any change of address.)

Christmas Week.

The Residents' Theatricals.

On Thursday evening last, the 26th December, was presented the Annual Theatricals by the Residents. Owing to an indisposition, which, we are pleased to hear, is merely slight in nature, of Mr. V. T. P. Webster, the first play, a one-act comedy of W. S. Gilbert's, entitled, "A Medical Man," in which Messrs. C. H. Rippmann, Daw, and Webster were billed to play the characters, had to be withdrawn. The notice was short—very short, ten hours only—and Miss Olive Davies and Mr. G. Winter Dryland stepped into the breach, giving us a highly amusing dialogue entitled, "Two on a 'Bus," by Herbert Swears.

Their performance was excellent in every way. Miss Davies portrayed the exacting but loving wife with a sense of comedy which would do justice to a Réjane. Mr. Dryland as the pseudo-methodical husband, whose eternal stand-by was an infallible memory system, played his difficult part with a high appreciation of its humorous possibilities. It was difficult to realise that these two talented players had at such short notice come to the rescue, so polished was their much-appreciated effort.

PART II.

Then followed a concert. The first item was a violin solo by Mdlle. Henriquetta Cerasoli. She played a Romance of Svendson's with much feeling and a technique which left nothing to be desired.

Mr. Harold Chapple then sang "An Old Song" (Nevin), with his usual artistic appreciation. Miss E. M. Brigstock, whom we had the pleasure of hearing last year, played one of Chopin's Valses and a recent Mazurka of Dale's. Both of these were received with much favour. Mr. Ray Edridge, who is so justly popular, recited Jerome K. Jerome's "Telephone," a piece which needed no small amount of histrionic ability to render successfully. It is almost needless to say he was encored. His second was one of Rudyard Kipling's, entitled, "Chant Pagan." He delivered it with that semiblatant sang-froid so essential in many of our Nobel Prize-winner's shorter verses. The concert portion of the programme concluded with a violin solo, Miss Cerasoli playing a "Danse Hongroise" (Manser), with much vivacity. This latter item was received with great applause, but unfortunately the length of the programme of necessity forbad encores.

PART III.

"ORTOCURE."

Then followed a farce, from the facile pen of Mr. H. O. Brookhouse, assisted by Mr. Harold Chapple, entitled "Ortocure," or to quote the Programme, "Mr. Earnest Rag resents the Malignant Growth, in Two Acts, entitled 'Ortocure:' or, 'Don't-you-haf-anything-to-do-with-it-Yes.' An Incident which will *not* happen in 1957."

Before the curtain rose the talented author, Mr. Brookhouse, delivered the following Prologue:—

PROLOGUE.

We have had a sly instruction
That a play—to be a play—
Ought to have an introduction,
Or a Prologue, so to say.
With unanimous contrition
We have raised some tags of rhyme,
And, obeying old tradition,
We have come to waste your time.

We have searched the metropolis
For a point that might amuse,
We have been to see the Follies,
We have read the *Daily News*,
We have cribbed the bulls of Munster,
Trudged the Patagonian snow,
And we've snared the native punster
Of the Arctic Esquimaux.

Where stern duty has allowed an
Early journey to the west,
We have been to visit Plowden
To deprive him of his best.
In each country, sea, and city
We have followed humour's cult,
And we hope you'll hear with pity
The unspeakable result.

Shall we answer your conjecture
Of the plot we must unfold?
It's of Gothic architecture,
Pointed arch, and—very old!
Quips that once were proud and haughty
Can't have lost their first effect.
Is a joke too old at forty?
Treat the aged with respect!

If you think the play's a stumer,
If indeed you feel inclined
To consider that its humour
Is but commonplace in kind,
Do not draw your Smith and Weston,
Do not loose the lethal breech!
Try to learn the moral lesson
That the play's designed to teach.

If you cannot find the moral,
Deeply though each seeker delves,
Still, we aren't inclined to quarrel,
We've had doubts of it ourselves.
If we tell you, frankly, *sotto*
Voce that we cannot get
Bursts of humour like the motto
On a canine statuette,

If we recognise our farce is
Old and limited in scope,
Will you view thro' kindly glasses
Simple scene and local trope?
Well you know each quip and thrust is
Void of malice; for the rest,
Temper mercy with your justice,
We have done our little best.

If we wound your finer feeling
To a dangerous extent,
Let me beg your pardon, kneeling,
It's a thing we never meant.
If we bear away the muffin
For the feeblest show on earth,
Well! You get your seats for nothing;
That's about what they are worth!

The undoubted cleverness of this Gilbertian jingle merely whetted our appetites, and the curtain arose amidst many an expectant gurgle—mainly feminine—of anticipated delight. The first scene was a Pathological Laboratory (Period 1957). Sarah Bella and Amy, two ward-maids, are discovered industriously scrubbing the floor, waging war on their sworn enemies the sly streptococci and the slim staphlococcus. In spite of their best endeavours an athletic micrococcus escapes their death-dealing scrubbing brushes. Then Sarah Bella, admirably played by Mr. C. E. M. Jones, becomes reminiscent. She tells of the old days—the days of an epoch long past, when there were such things as wards and physicians, the days before pathology assumed its regal robe and was but the hobby of common-sense clinicians and the barbed obstacle of examiners. She tells of a genus, long extinct ward-clerks, who, with wise looks, did "listen to people's innards thro' long tubes." All this is foreign to her friend of the brush, Amy, who knows only the new order of things, where serum-therapy has replaced the "three times daily after food," and the doctor's symbol is the hypodermic syringe. With many prayers that they do hope "those young men 'ave their sterilized boots on," they make way as a class of students, with their demonstrator, Mr. Pyffel, enter the room. The class is soon seated and hard at its labours, this one with a microtome, that one with cultures, another gazing ardently down a microscope. Enter another student (Mr. L. G. Davies) with a delightful fair damsel in pink, who is billed as a nurse of yesterday. With the usual pertinacity of the stranger in our fold, she isplays inordinate morbid curiosity in all that is ensuing. Her cicerone, in a delightfully bored manner, assures her that the microtome is *not* used for cutting up little Brown Dogs, etc. [Mr. Brookhouse, one can see that *you've* taken delightful interrogating people around the hospital ere now.] Then springs upon the class two of their members, late. G. S. Gabb (Mr. Dryland) and Archibald Carruthers (Mr. Chapple) are two gentlemen who find this unceasing pathology palls; that it bores them. Their two experiments, the injecting of serum into Zbysco—a member of the feathered tribe *de la Gamage*—and the attempted coaxing (hypodermically) of two ferocious woolly canines who speedily resent this subcutaneous tinkering, and make their way into the flies with great dispatch, is the last straw. They decide to break away from this pathological boredom. Gabb has an idea; they discuss it *sotto voce*. All we hear is "dress up" and "Eastern." They leave, to further their nefarious plans.

Then we see Sir Q. Bebs (a Polymorphic Physician) lecturing to his class. [Mr. Rippmann, we congratulate you on your make-up, your carriage, your naïve characteristics, your "tout ensemble." Your representation of Sir Q. Bebs gave us a highly admirable imitation of one who is universally respected, and who, good sportsman that he is, was the first to applaud your quips on Thursday night.]

Sir Q. Bebs lectures on the Advance of Pathology; one by one his class show signs of *ennui*. As the languorous lecturer passes the specimens around, with a delightful contempt for their relation to the subject-matter of his discourse, so does each student slip out. The Janitor (Mr. R. Rowlands) has, of course, already taken names. Undisturbed, the lecturer addresses the empty benches, and, quietly finishing, departs.

In the meantime, the Student Gabb has told of a marvellous Eastern Genie which, from an old piece of pottery in the Park, has arisen in all his archaic splendour, bearing with him the elixir of life. The eminent Sir Q. Bebs and his students all fall down and worship this Genie of the East when he enters, and try to wrest from him the secret of the elixir.

In the second act the scene is set in a room at Out-patients. Sir Q. Bebs (late as usual) receives his patients. The first case, a swelling on the head, has a history of trauma, resulting from irresponsible revels in an unaccustomed bath. This case affords Mr. Rippmann an opportunity of discussing pros and cons in the approved style of several of our out-patient surgeons and physicians.

Enter our "Man from the East." He is prevailed upon to demonstrate the virtues of the all-powerful elixir. A few drops (a pin-prick) and hey, presto! the swelling (a toy balloon) is gone. Patient number two, a fractured leg, more elixir, some massage, and the leg is whole.

Then the whole class is set to learn the composition of the marvellous liquid; but two short hours remain in which to find it out. Minute by minute the time passes—for on it elapsing, the Genie must return to the Land of his Fathers, and with him passes the secret—time is precious; the whole world is agog, cablegrams and marconigrams from all parts of the universe ask for the result of their investigations. But five minutes remain, the *Daily Mail* send a man to ask; but two minutes, the Matron—not seeing the result in the 10.30 *Star*, which she has borrowed from Copsey—sends her trusted ward maids, Sarah Bella and Amy. Time is up, the students rush in exhausted; the Genie is seeing the "rolling Euphrates" in the near perspective; he throws up his arms, he commences to soar (gets as far as tip-toes), but doesn't; instead, he tears away his disguise, and before the irate Sir Q. Bebs and his students there stands Archibald Carruthers, their aforetime confrère.

Tableau: Carruthers in extreme danger of bodily injury from the thwarted knight, who is being held back by his class.

We congratulate the authors on their excellent little farce. From beginning to end it is full of good things.

Compared with last year, we think that though they must, by the narrowness of the field in which they have to find their material for a topical play, be considerably hampered, they have given us something equally good; and that is saying a lot. The idea—the aggrandisement of pathology at the expense of present-day clinical methods—is at any rate original, and we suspect an atom of truth in it.

Throughout Messrs. Brookhouse and Chapple have given their characters good things to say. Perhaps too many good things, for quite a number are lost owing to the laughter which has greeted the preceding quip. Some of the "aphorisms" we would like to suggest for Dr. Gee's next edition.

An excellent bit of fooling is introduced—a Limerick competition for the Staff. These pithy verses are many of them excellent, but perhaps they are just a little overdone. In spite of Mr. Dryland's efforts, many of them missed fire.

The interpolated songs (the music by Mr. A. W. Stuart) are good, but lack the catchy air of last year's songs. Mr. Chapple sings two; his first tells of the East, and some of the rhymes are worthy of the one and only Gilbert. His second, "What a wonderful difference it's made," is, we consider, however, the better.

Mr. Dryland's patter song was well rendered, and his accompanying "business" was well done.

Messrs. Chapple, Rippmann, and Dryland share the honours of the evening between them, and they were well supported by Mr. Ticehurst as Voucher (of the Medical School Office), and the students, Messrs. L. G. Davies, Trethowan, Digby, Mayer, and Vandermin. Mr. Nutman made a splendid nurse, whilst Mr. Sep. Cooper was the curious question-asker to life. Messrs. E. Wragg and C. E. M. Jones as the Ward Maids, and then the patients so miraculously cured, caused much merriment. Mr. McEvedy was the *Daily Mail* representative.

The authors received an enthusiastic call at the end, and the applause that greeted them was some measure of what one and all thought a clever performance.

Appointments.

Medical School Appointments.

The following appointments have been made by the Treasurer upon the recommendation of the Medical Council:—

Clinical Assistants. — Messrs. W. W. Cook, A. T. Densham, H. J. Henderson, E. P. H. Joynt, A. N. Leeming, B. H. Palmer.

Dressers in the Throat Department.—Messrs. F. J. Cutler, H. C. Lucey, H. B. Carter, E. L. M. Lobb, H. R. Mullins, E. R. Stone.

Assistant Surgeons' Dressers.—Messrs. F. C. Endean, H. L. Attwater, T. J. Killard-Leavey (Sir Alfred Fripp); D. A. Mitchell, H. Platts, W. L. Hibbert (Mr. Steward); W. E. Williams, W. S. Kidd, F. D. Saner, C. C. Tudge (Mr. Fagge); W. H. Catto, W. Ledlie, C. Weller (Mr. Rowlands).

Medical Ward Clerks.—Messrs. N. A. D. Sharp, C. H. Crump, A. L. Fitzmaurice, J. L. Johnston, G. H. Peall, H. Steinbach, A. H. G. Burton, R. C. H. Francis, R. P. Ballard, E. Duvivier, F. S. D. Berry, A. Neville Cox, H. Gardiner, W. Reynolds, G. H. Hunt, J. H. Owen, N. L. H. Reader, E. L. Elliott.

Surgical Ward Clerks.—Messrs. T. D. M. Stout, F. S. Adams, H. G. Rice, J. G. Saner, J. W. Williams, W. T. Chaning-Pearce, K. T. Khong.

Post-mortem Clerks.—Messrs. T. Evans, A. E. Lees, H. I. Janmahomed, L. Mandel, D. Allan, H. Lee (January 1st); G. H. Hunt (February 16th).

Clerk in the Skin Department.—Mr. D. Isaacs.

Aural Surgeon's Dresser.—Mr. C. H. Marshall.

Obstetric Dressers.—Messrs. H. O. Brookhouse, A. F. W. Denning, K. H. Hole (Dr. Horrocks); F. W. Hogarth (Mr. Targett) (January—February).

Assistant Surgeon's Clerk.—Mr. A. L. Saul (Sir Alfred Fripp).

Pass List.

University of Cambridge, December, 1907.—Third M.B. Examination. Part I., Pharmacology and General Pathology: C. E. M. Jones (King's), R. P. M. Roberts (Queen's), J. Walker (Clare), W. E. Wallis (Clare). Degrees Conferred: M.B., F. A. Barker (Emmanuel); B.C., A. S. B. Bankart (Trinity), R. Davies-Colley (Emmanuel).

University of London, December, 1907. — M.D. Examination: C. E. Iredell, B. A. Richmond (University Medal). M.S. Examination: T. B. Layton (University Medal).

Papers by Guy's Men.

Large Fatty Liver in an Infant: Sudden Death. By T. Renell Atkinson, M.D.—*British Medical Journal*, 14th December, 1907.

The Tuberculin "Ophthalmo-Reaction" of Calmette. By J. W. H. Eyre, M.S. Durh., F.R.S. Edin.—*The Lancet*, 21st December, 1907.

A Case of Septicæmia with Interesting Reactions to Treatment, and Recovery. By Claud F. Fothergill, M.B., B.C. Cantab.—*British Medical Journal*, December 21st, 1907.

Three Cases of Intestinal Obstruction. By R. D. Mothersole, M.S., M.D. Lond., F.R.C.S. Eng.—*The Lancet*, 21st December, 1907.

Protection of India from Invasion by Plague. By J. Ashburton Thompson, M.D., D.P.H.—*British Medical Journal*, 21st December, 1907.

The Aim of Modern Orthodontia. By Hubert C. Visick, L.D.S. Eng., D.D.S. Penn.—*British Dental Journal*, 16th December, 1907.

A Case of Abdominal Tumour.

CLINICAL LECTURE BY Dr. W. HALE WHITE.

Gentlemen,—To-day, I want to take the case of a man who is now in John ward, and whose report I have abstracted. He is twenty-eight years of age, and he came in for pain and pulsation in the middle of the abdomen. He was a stoker by trade, and he has not had syphilis. He told us that two years ago he ran the handle of a barrow into his abdomen, which caused considerable pain there, but that pain soon quite passed off. With regard to the present illness, he said that for eighteen months he had been liable to abdominal pain, which had become much more severe lately: that he had had no sickness, some constipation, no particular loss of flesh, and nothing else the matter with him. So you see the only thing in the history was the pain, with a history of injury two years before. He looked particularly healthy, not wasted: the heart, lungs and urine were all perfectly healthy; his abdomen moved well. But we found he had a tumour in the middle line of the abdomen—about the size of a large cocoanut—which came just below the umbilicus, and was rounded. It was not expansile, but it did pulsate at times, the pulsation being apparently transmitted. On listening, we could hear no bruit over it. The next thing we wanted to discover was whether the tumour was behind or in front of the stomach. The best way to do that is to distend the stomach with gas, and the simplest method is to give the patient some lemon juice and bicarbonate of soda. Then, of course, carbonic acid gas is evolved, and the stomach becomes full of it, and you can tell by percussion whether the stomach is in front of the tumour. We gave some to this man, and examined him ten minutes afterwards, and found that the very resonant stomach had dilated over the tumour that we had previously felt. So we knew that the tumour was behind the stomach. We found that the abdomen was not tender. Examination of his blood showed that he had considerable leucocytosis, as he had 18,000 white cells, and he had 10 per cent. eosinophiles, whereas you will remember the normal is 2 per cent.

In thinking about this tumour, we had, clearly, to discuss four things: It might be an aneurism, it might be a cyst of some sort, it might be a malignant tumour, or it might be an innocent tumour. Let us first consider whether it was an aneurism, because an aneurism of that size, and in that position, is so far outside the possibility of surgical interference that nothing but harm could follow if we had operated upon the patient and he was found to have an aneurism. If he had an aneurism arising from the abdominal aorta, it might very well be like the specimen before you, which I have had brought down from the Museum, both in size and general feel. Dr. Bryant analysed all the cases of aneurism in this Hospital for forty-seven years. During that time there were 18,678 post-mortems, and out of that number there were 325 cases of aneurism, 54 of them abdominal. So you see that of aneurisms in the aorta, six are in the thoracic aorta to one in the abdominal or its branches; and in speaking of abdominal aneurism we shall always include the aorta and its branches. Aneurism of the abdominal aorta itself is very rare indeed. Of the fifty-four cases of aneurism within the abdomen, forty-nine were in males, which emphasises what is always taught—that aneurism in females is very rare. Of the fifty-four patients, 77 per cent. were between the ages of twenty-one and fifty; so, inasmuch as our man was between those ages, he might have had an aneurism; he certainly had undergone a great deal of strain, and strain predisposes to aneurism. On the other hand, he had not, as far as we knew, had syphilis, which predisposes to aneurism. When you are thinking about the possibility of this tumour being aneurism, you have to think of the varieties of aneurism it might be. There is saccular aneurism, such as the one being passed round. Then there is diffuse aneurism, and by that is meant a state of affairs that can rarely happen anywhere else except in the abdomen. The aneurism which is being passed round would be a diffuse one if it ruptured and the blood found its way into the sub-peritoneal tissue. Often in such cases the patient does not die at the time, because the blood has to plough up the sub-peritoneal tissue and dissect up the peritoneum, the pressure of which stops the bleeding. I do not know whether there is anyone here who remembers a man in the general wards who had great pain in his back, and we could not for certain make out why he had this pain. An aneurism was suggested. One day he was very collapsed and pale, and we took the specific gravity of his blood a day or two afterwards, and found it considerably lowered. From that we diagnosed that he had an aneurism, which had suddenly

become diffuse, that is to say, it bled into the sub-peritoneal loose tissue; and that view turned out to be correct. The method by which we came to that view was, that he suddenly became pale, and a day or two afterwards the specific gravity of his blood was lowered. This is always so after severe hæmorrhage, for the fluid part of the blood is made up before the solid.

Another variety of abdominal aneurism is dissecting aneurism, another is fusiform, and another is a very rare one, arterio-venous. Our patient had not this last one. First, they are so rare—we have no specimen of the abdominal aorta in our Museum—and secondly, he showed no evidence of it at all. Nor could he possibly have had a fusiform aneurism, that is to say, a fusiform dilatation of the whole abdominal aorta, because the shape of the tumour was against that. Clearly, the shape of it was against it being a dissecting aneurism, which, you will remember, is a variety in which the blood gets between the coats of the artery, and that usually affects a considerable length of the aorta. I saw one in the post-mortem room once in which the whole aorta, right from the arch to the end of the abdominal aorta, had blood-clot between the coats. There was no possibility of that being so in our patient, and therefore, if it was an aneurism at all, it was like one you have been looking at, namely, a saccular aneurism.

Having got thus far, the next point in thinking out the case, was to remember that 67 per cent. of the aneurisms inside the abdomen are aneurisms of the cœliac axis, so that if a man has an abdominal aneurism, there is a strong probability that it is of the cœliac axis. That is rather high up, and I did not think that, with the tumour coming, as it did, below the umbilicus, there was much probability that our patient had aneurism of the cœliac axis. And the tumour was too much in the middle line to be aneurism of the renal or splenic arteries; so if it had been aneurism at all, it must have been one of the superior or of the inferior mesenteric artery. I show you a specimen which will illustrate what it might have been, only rather larger. Now, of all abdominal aneurisms, only 10 per cent. are of the superior mesenteric artery, and only 2·5 per cent. of the inferior mesenteric artery. So that, on mere calculation, it was extremely improbable that our patient had an aneurism of either mesenteric artery, though the position would have suited very well for either of these.

There were some other points also which had to be thought over before we decided whether this man had an aneurism. When an aneurism in the thorax or in the abdomen is in the middle line, please remember that one of the most constant things that it does is to erode the bodies of the vertebræ. I do not quite know why, though it erodes the bodies of the vertebræ, it spares the intervertebral discs. No one can have been present at post-mortems for long without having seen a specimen bearing out that teaching. And erosion of the bodies of the vertebræ usually leads to much pain; it is one of the most painful things that can happen. Our man had a pain in the back, but it was not that severe backache which is frequently present with aneurism, and I did not think for a moment that it indicated that he was suffering from aneurism. Again, if you think of the anatomy of things. If he had had an abdominal aneurism, it would have been close to the vena cava, and might possibly have pressed upon the vena cava, so that he would have had dilated veins in the lower extremities, and possibly some œdema of them. And there was no evidence of pressure on the renal or splanchnic veins. Not only do these people have severe constant pain in the back, but, owing to pressure on the lumbar nerves, they are very liable to have sharp shooting pains, which are really awful sometimes in their intensity. It is a commonplace in teaching that few things give rise to more intense pain than an aneurism may. But our man lay in bed fairly comfortably. Again, aneurism is often accompanied by retching and vomiting, and our patient had not either.

And now we come to the most important thing in connection with aneurism—that while it almost always pulsates, very fairly often the pulsation can be made out to be distinctly expansile. You know what I mean, that if you get your fingers on the two sides of the tumour, you can feel the fingers separating. If an aneurism has not got expansile pulsation, you may assume that there has been a good deal of clotting in it. If there is much blood clotted or fluid in an aneurism, it is opaque to the X-rays, and so the tumour ought to have thrown a shadow, if it was an aneurism, when we examined it with the X-ray screen. We examined our patient with the screen, and the tumour did not show a shadow.

Then there is occasionally a thrill, but we did not feel one. Now, coming to another symptom, 50 per cent. of all cases of abdominal aneurism have a murmur over them. We could find no murmur. We listened with a stethoscope and with our ear directly on the abdomen, but however we listened, we were quite sure that there was no murmur present. So we were compelled to assume for all these reasons that the man

had not got an aneurism. These reasons weighed so much with us that I do not think anyone who examined him in the hospital thought he had really got an aneurism.

Having disposed of that, however, the next thing we have to consider was the possibility as to whether this tumour could be a cyst, and it is really because of that possibility that I selected the subject for lecture, to tell you something about abdominal cysts, because they are rare and difficult to understand. In the first place, it might have been a hydatid. But now, as you know, hydatids of the liver are common, hydatids of the lungs are not very rare; hydatids occur in the kidney, but hydatid in the abdomen anywhere than in the liver or kidney is excessively rare. Our case would have been very rare indeed. We have, it is true, in the Museum a specimen of a hydatid of the peritoneum, which I now show you, but such a thing is very rare. Still there was this fact in favour of a hydatid, that the eosinophiles in this man's blood were 10 per cent. of the white cells. Now some of the men here may have been my clerks recently, and they will remember that in the summer there was a little boy in Addison Ward who had a hydatid in his liver, in whom the eosinophiles amounted to 12 per cent., and that they fell when the hydatid was opened. And we have of late years learned that perhaps the most useful fact in medicine about eosinophile cells is that they are considerably increased when the body is infected by parasitic worms, and that, as you know, the parasite that causes the highest degree of eosinophilia is the ankylostoma duodenale, which is the cause of the anæmia from which Cornish miners suffer, and, indeed, anyone with a high eosinophilia ought to be searched to see whether he has an ankylostomiasis. But, as you will hear in a minute, our case was not one of hydatid, so that this 10 per cent. of eosinophiles did not point to hydatid, as it might have done.

Now I pass on to the question which some of you raised, as to whether it could have been by any possibility a pancreatic cyst. There is one. It is far too big to pass round; but the very fact that it is too big to pass round will show you what gigantic things pancreatic cysts may be.

The first thing I want to impress upon you is that a pancreatic cyst is excessively rare. I looked through our post-mortems here from the year 1884 to 1897. During that time there were 6,708 post-mortem examinations, and there were only four cases of pancreatic cyst, and of the four only one was of any great importance from our present point of view. For, of the four, one was a hydatid—I expect it was that very specimen that I pass round. In another, there were a series of little cysts due to blocking of the duct. You can see the specimen here. There are several cysts in that pancreas, but little cysts like that could not possibly have caused such a tumour as in our present patient. The third was a case of that rare condition of universal cystic degeneration; the liver, the kidneys, the pancreas and various organs of the body were affected by this congenital trouble; and the last, the fourth case, was a genuine pancreatic cyst that might have been the cause of a tumour such as our patient had in his abdomen. You will excuse me if I give you the notes of the case; I have them here. The case to which I refer, the real pancreatic cyst, was the case of a man, aged sixty-eight, who came on the 11th of one October for pain in the upper part of the abdomen. There was no history of injury. He had had colic and vomiting for four years; the swelling of the abdomen had only been noticed a few weeks. It occupied the upper part of the abdomen, forming a tumour four or five inches wide. There was pulsation, but it was not expansile. It had the stomach in front of it. The urine contained, please notice, a good deal of sugar. It was operated upon, and six pints of thick, yellowish-red fluid were evacuated; the fluid contained leucin and tyrosin. The patient died after the operation, and it was found that there was a large cyst developing from the pancreas. So the facts about that case that I want you to remember are that the tumour was in the upper part of the abdomen, it was non-expansile, it had the stomach in front of it, the urine contained sugar, the fluid was thick, yellowish-red; it contained leucin and tyrosin. That illustrates very well the characters of a pancreatic cyst. How they arise we do not know. It has been supposed that they are due to injury. It has been suggested that they are due to blocking of the duct; but the numerous suggestions only illustrate what is so true, that when a man does not know what the cause of a thing is, and has to write an article on it, he always suggest all sorts of causes. There really is no cause whatever known for these very rare pancreatic cysts. They occur equally in the two sexes, usually between the ages of twenty and forty. They may be enormous. One contained fifteen litres. Usually the specific gravity of the fluid that they contain is somewhere between 1·02 and 1·01. It is alkaline and contains albumen. It often contains, like the one an account of which I read to you, leucin and tyrosin, and it contains a ferment that transforms starch into sugar, and it is usually

dark-coloured, probably because it contains some blood pigment; and the fluid may emulsify fats.

Now, as to the position of a pancreatic cyst. The cyst will be usually, as you would expect, above the umbilicus; our patient's tumour came *below* it. The cyst will be well behind the stomach, and will occupy the upper part of the abdomen, inclining rather to the left than the right, because there is more pancreas in the left than the right of the middle line. So that as regards position our case could hardly have been a pancreatic cyst. Then, again, inasmuch as the pancreatic cyst usually destroys, as that one in front of you must have done, such a large part of the pancreas, you can easily understand that the urine frequently contained sugar. The urine in our case contained no sugar; so because of the position of the tumour, and because the urine contained no sugar, we decided that our patient had not got a pancreatic cyst.

Well, then, apart from pancreatic cysts, large cysts are found in the abdomen such as this one, which is too big to pass round. There is a large cyst of which it is difficult to say with what organ in the abdomen it is connected. Now we have to consider these cysts which are not pancreatic. Their origin is very obscure; they are certainly not hydatids; they are certainly not cystic sarcomata. That can easily be shown by post-mortem. These abdominal cysts usually contain a brown or reddish-brown fluid, or some form of altered blood pigment, and they often contain blood crystals. These characters of the fluid, together with the frequent history of injury in these cases, strongly suggest that the cyst is a blood-cyst. For instance, one man I remember gave the history that he had been quarrelling with another man, who threw him down and then knelt upon him, which seems rather likely to produce, I should have thought, a blood cyst in the abdomen. Then there was another man who was a hansom cab driver, and who was thrown off his hansom cab, and attributed his trouble to that. Then, again, other evidence that they are probably blood cysts is that after abdominal injuries collections of blood of very considerable size have been found between the layers of mesentery, and it has been very easy to believe that if the patient survived the injury the result of this large blood-clot between the layers of mesentery would have led to the development of an abdominal cyst. These cysts usually appear in the upper part of the abdomen, and they are usually somewhere near the middle line. They may be in the lesser cavity of the peritoneum; and I have here some pictures, from a collection of these cases in the Guy's Hospital Reports, vol. 49, collected together by Dr. Fisher, who was Medical Registrar here, and as I hold them up you can see the black shading on his diagrams, which show the position these cysts are in when they are cystic collections of fluid in the lesser sac of the peritoneum. You will see the lower part of the tumour is at the umbilicus, and it reaches up to the ensiform cartilage, more to the left than the right of the middle line. On the other hand, it is a little smaller to the left than the right. Indeed, it is just what you would expect if it were a cyst of the lesser cavity of the peritoneum. They may occur in other folds of the peritoneum. For instance, they may occur between the folds of mesentery, and that we shall come back to in a minute. They have been thought erroneously to be pancreatic; and I can assure you that at an operation or at a post-mortem, it is often extremely difficult to be sure where they arise, because they are so gigantic. I remember one that Mr. Lane operated upon, in which the patient was jaundiced from pressure of the cyst on the duct, and therefore the cyst contained bile, and the contents were yellow. It was quite impossible to give an opinion where the thing sprang from, the parts were so distorted by this gigantic cyst. I think there is no doubt that many of them are traumatic blood-cysts, and that many people are in error in assuming that they are pancreatic. And you must remember that they may probably be traumatic blood-cysts, and yet the urine may contain sugar, and the fluid in the cyst may be able to transform starch into sugar, and contain leucin and tyrosin; for the cyst may press upon the pancreas and destroy it, and it may even so erode the pancreas that this organ becomes part of the cyst.

They may occur at any age, or in either sex, and we did think that, perhaps, our patient had such a cyst in his mesentery. We thought it for these reasons. In the first place, there was a distinct history of such an injury two years ago as might have led to an effusion of blood. Then, in the second place, the tumour was in just such a position in the middle line as a mesenteric cyst would occupy. Thirdly, you will remember we demonstrated that it was behind the stomach. Fourthly, we did not think it was pancreatic, because the tumour was not in the right situation for a pancreatic cyst, and the urine contained no sugar; and fifthly, the patient had not the constitutional symptoms which we should have expected possibly if he

had a growth. Sixthly, we did not think he had an aneurism; and lastly, the shape of the tumour was very like that of a cyst. I have here among Dr. Fisher's cases from Guy's Hospital some cases of mesenteric cyst, which show very well what effects you may expect from such a cyst. For instance, as showing a mesenteric cyst, here is the case of a man aged 34, who since the end of October, 1889, had colic from time to time. On April 2nd, 1900, a puncture was made in the cyst, and 450 grammes of blood-stained fluid were withdrawn. The cyst refilled, and was then described as a rounded cyst, reaching from the pubes to the umbilicus. It was somewhat mobile. At an operation a tumour the size of a fœtal head was exposed, which was connected with the mesentery. The cyst was removed, and the patient recovered. Then there was a woman who had a fluctuating spherical tumour in the umbilical region. It was thought to be a hydatid cyst. At the operation it was found to be a mesenteric cyst containing yellowish fluid. Then a third one, a woman aged 20. On the right side of the abdomen was a rounded fluctuating tumour about the size of a child's head; it was very mobile. It was found to be a cyst between the layers of the mesentery. It contained sero-sanguineous fluid.

So I have been able to mention to you three cases of mesenteric cysts, probably blood-cysts, and we thought that our patient might possibly have one. I quite admit that the presence of the eosinophiles and the considerable leucocytosis was against such a view.

Then the next thing that was suggested was that the case might be a tumour of the bowel. That we were able to put quickly out of court, because if a man has a tumour of the bowel it is nearly always of the large bowel. Tumours of the small bowel are very rare indeed, and I never heard of one reaching the size of this tumour; so if of the bowel, it must have been a tumour of the colon. But we were able to distend the stomach in front of it, so that was one reason against a tumour of the colon. Another was that if a tumour of the colon the size that this was, it must have been malignant, and then you would have had a great mass into which the ascending colon went, and from which the descending colon came off. In such a case there must have been constipation or diarrhœa. Such a tumour would probably have ulcerated on its inner surface, and then the motions would have contained blood and mucus, but our patient had none of this. So that for these reasons we were able to put out of court the possibility of the tumour being a tumour of the colon. Then it might have been a tumour of the mesenteric glands, and possibly it was, as the operation showed. There is a specimen, too heavy to pass round, of a large malignant tumour of the mesenteric glands. But on the whole we did not think it was that. It was hardly lobulated enough for a tumour of the mesenteric glands. So the next thing to be considered was, was it a retro-peritoneal malignant tumour? I quite admit that they are very rare—excessively rare. They usually occur between forty and sixty, or under ten years of age; so our patient was not the right age for them. They are generally in the middle line, and they grow from the centre of the intra-peritoneal space. They are rounded like this; they do not often invade the surrounding structures. They are hard, and they tend to become cystic, and they are almost always sarcomata. But it was a considerable reason against such a diagnosis that our patient had not great pain. He certainly had no vomiting, which sufferers from these tumours frequently have; he did not have any œdema of the lower extremities, which would have been very likely from the tumour pressing upon and growing into the inferior vena cava. He was not wasted. He did not have any bowel symptoms such as constipation or diarrhœa, and all these points were undoubtedly against a retro-peritoneal sarcoma. On the other hand, the tumour in our patient was just in the position for one of these retro-peritoneal growths, and we left the matter an open question. I ought to add that the fact that he had such a high leucocytosis was in favour of his having rapidly growing sarcoma, and an excess of eosinophile cells is not infrequent in such cases.

We ought to mention the possibility of the tumour having been innocent. Such are not so very uncommon in such a situation; indeed, innocent are commoner than malignant tumours in the retro-peritoneal tissue. They are almost lipomata. They are often huge; mostly they are found in fat people, and are really great masses of retro-peritoneal fat. They are particularly found in the middle line, growing forward from the retro-peritoneal tissue between the layers of the mesentery. But we decided that our patient was an instance of this; because as far as I know such fatty tumours always have a soft lobulated feel, just such as you would expect a retro-peritoneal fatty mass to have.

Lastly, I ought to have mentioned when I was telling you about cysts that sometimes there are

retro-peritoneal cysts which are probably connected with an injury, just the same as those in the mesenteric and lesser cavity of the abdomen, which I have just described.

So you see our diagnosis was left a very open question; but it was perfectly clear that, inasmuch as the tumour might be a cyst, and very likely was, and it certainly was not an aneurism, the patient ought to be given the benefit of an exploratory operation; for if it was a malignant tumour an exploratory operation would do little harm. On the other hand, if it was a cyst, his life might have been saved and his pain have been alleviated. The great point in the case was to clearly make up our minds that it was not an aneurism. Accordingly, Sir Alfred Fripp opened the abdomen about a week ago, and he found that the position of the tumour had been perfectly accurately diagnosed; for it was a tumour growing from the back of the abdomen, coming up between the two layers of the mesentery, and separating them either side. So that the inference we drew from distending the stomach and from the position of the tumour had been perfectly correct. It was not an aneurism, as we have said; but it was unfortunately a growth; and a microscopical examination showed what the leucocytosis and eosinophilia hinted to us, namely, that it is a rapidly-growing small-celled sarcoma. So that the ultimate result of the case you now know. Of course there can be but one end; but at any rate it has been an interesting study to go over the points of trying to diagnose an abdominal tumour.

Our Xmas Story.

BY NOEL DOLOR.

"CHRISTMAS EVE, and to spend it like this!" So muttered Eustace Myle, alias Astley Cooper, 62, as he tossed unceasingly on his irksome bed.

His thoughts flew back to past Christmases; his dear old mother, his genial Dad, the plump turkeys, the wonderful pudding, and the inevitable "black draught."

He wearily smiled.

* * * *

Then, of late, his jolly evenings at *her* people's house.

And last Xmas!

* * * *

Would he ever forget that eventful night when he asked Eva to be his wife?

In three days' time he was to have been married, and as he thought of that Banguard driver, who had momentarily imagined himself Santos Dumont and had attempted to fly over the Mansion House with his weighty charge, meeting poor Eustace *en route*, he cursed and cursed again.

With a bitter laugh and a weary sigh he turned and closed his eyes. Soon Morpheus claimed him.

He slept.

* * * *

He dreamt that Eva was no longer his, that she ——. But what was that weird white form with staggering gait and demon's face that approached him, so slowly, so surely? And, horrors! there, close behind him, was Eva—his Eva—with white drawn face and terrified eyes, being dragged, dragged with unwilling footsteps after the monster!

Nearer it came, with its outstretched claws spasmodically grasping, a diabolical leer on its face and fearful inarticulate gurgle growing louder and louder.

Nearer still, and its blood-shot eyes looked into his, its fœtid breath beat hot on his cheek. The sufferer attempted to move, to cry out; but held, as in a vice, by a great terror, not a sound issued from his parched larynx.

Cold sweat stood on his brow in beads. With a superhuman effort he opened his eyes. There stood the demon within a foot of him. It stood poised, and with a terrifying ear-splitting yell, it threw itself upon him.

He fainted.

* * * *

Slowly he opened his eyes. All was silent. There in the middle of the ward stood "The Thing Abhorred," but where, oh, where, was Eva?

Suddenly a loud grating noise broke the silence, the Thing stood rigid, again this weird grating sound, like the rusty windlass of some Stygian craft, once more this rasping whirr–r–r, and then a feminine voice.

"Hello! is that the College? Will you tell Mr. —— that No. 68, Astley-Cooper *has* developed D. T.'s and is out of bed disturbing all the other patients?"

Brief Retrospect on the Eve of the New Year.

Suburbia.

THE origin of the word Suburbia as an expression of fashionable odium and reproach is purely conjectural. It is said that the term owes its existence to an elderly foreign duchess, whose love was spurned by a fickle youth living with his parents somewhere outside the four-mile radius, and who coined the word in her wrath and shame. But probably this is apocryphal, for it is more than likely that in the circumstances she would have kept her mouth shut, and not attempted such an addition to the King's English, lest her shameful secret should have come to the knowledge of some ill-conditioned rival, who, doubtless, would have spared no pains to expose to the light of day this particularly unpleasant skeleton in her Grace's cupboard.

If I were asked for an opinion, I should say that the word might have originated in one of the early musical comedies—the latter day musical comedies, we are told, are past originating anything—and, being accorded the gracious approbation of the newspaper critics as a novel attempt at word-formation, had greatness thrust upon it by being received into the vernacular of Mayfair to rub shoulders with the French bourgeois, which it surpassed for patriotic and pronuncial reasons.

But it must not be supposed that Mayfair has a monopoly in scorn and disdain. The cockney uses Suburbia's country cousin, "provincial," when he wants to speak disparagingly of anything beyond the County of London. Yet there is a sting with "Suburbia" that is lacking in "provincial." Sometimes Bayswater or Regent's Park will make use of Suburbia, and get smartly rapped on the knuckles by Mayfair, who, in a superior drawl, will give Bayswater to understand that the line of demarcation between her and Paddington—Pad., as they say on the telephone—is perilously uncertain, and will wither Regent's Park by the mention of monkeys.

It is the proximity of these places to the terrain of the aristocracy that is the root of the trouble. It would save much languishing and sighing for the moon if Bayswater were Clapham or Clapton, for Clapham and Clapton, quite estimable in themselves, are, socially speaking, outside the pale, and will remain so till the Crack of Doom. Then these nice topographical distinctions may get somewhat confounded, and Clapham may have the good fortune to find herself where Mayfair was, while Mayfair is writhing and wallowing on the Hackney Marshes. Clapham then will have an opportunity to return good for evil, and instead of taunting Mayfair, and reading her a lesson on the vanity of human aggrandisement, may preserve a dignified silence. I do not think, in such circumstances, that Clapham would be wanting in good taste and would do anything to accentuate Mayfair's discomfiture.

There are, I think, several reasons for Mayfair's contempt of Suburbia. There is one, however, which stands out more prominently than the rest. To be candid, in spite of her many virtues and good points, Suburbia is given to vanity and pretentiousness, Suburbia attitudinises, Suburbia is out-growing her shoes. I will mention an instance.

Of late years there has come into vogue, for houses of a rental of £28 per annum, or thereabouts, a special builder's nomenclature. In the dark ages of speculative building, some forty or fifty years ago, it was considered ultra-distingué, if not positively snobbish, to use any but a few conventional appellations, such as Providence Lodge and The Homestead, and these, moreover, only for the most eligible residences. But we have changed all that. Providence Lodge is considered hopelessly out of date, and a compromising title to have on one's door lintel, while no builder worthy the name would christen a house The Homestead and expect newly-married couples in search of a residence to give it a thought. However, Dulce Domum might induce them to enter to view it; the Chalet would certainly convey a favourable impression, while Beau Séjour would wring from them a ten per cent. deposit on the spot.

Beau Séjour, however, which the speculative builder, with much gusto, will inform the newly-married couples is French for "beautiful abode," entirely belies its name, for it backs on a railway and faces a brickfield. But this is not all. Next door to Beau Séjour is The Chestnuts, and one wonders whether The Chestnuts refers to the things one eats or to horses, or if the occupier is a retired Italian from the Hatton Garden district or a horse breeder. Perhaps The Chestnuts may be the habitation of a conscience-stricken pantomime librettist, or the sub-editor of a humorous journal, who can only be facetious out of office hours.

Next to The Chestnuts comes Phryne Lodge, which, I hasten to add, is quite a respectable establishment, whose proud possessor is a family man and a Sunday School superintendent into the bargain, and as I hardly suspect the speculative builder to be a classical scholar, and, moreover, he has only named Phryne Lodge after his eldest daughter, he must be acquitted of any intention to befool his client, or to bring him into unpleasant relations with the police.

Three doors from Phryne Lodge is a villa known as The Red House. The Red House has borne several names, and was last known as The Glen. The owner developed rheumatism, and considering The Glen was damp (as hypnotists might say, from the power of suggestion) he vacated it. The incoming tenant plastered the whole of the front with roughcast and painted the window frames a pea-green. The services of Mr. Brush, the sign-writer, were then requisitioned, and The Red House appeared on the lintel, the why and wherefore of which sanguinary title, like the birth of Jeames, "is wropt in mystery."

I hear on undoubted authority that The Red House in a few days will be no more—I refer to the name—and that once again Mr. Brush's smug and happy countenance will be seen in the street. Truly Mr. Brush must be making his fortune.

Guy's Hospital Musical Society.

THE above Society held a vocal and orchestral concert in the Court Room on the evening of December 17th, before a large and appreciative audience. The programme, which unfortunately proved too long to be completed in the all too short time allowed for it, consisted of an orchestral part, followed by a selection of songs.

The proceedings commenced with the Aria and two Gavottes from Bach's Suite in D. The lovely air, given out by the violins, and accompanied pizzicato throughout by the 'cellos, was enthusiastically received, and the two Gavottes were played with that spirit which is inevitable in discussing Bach's music.

Two songs followed, "The Siesta," and "Melisande in the Wood," sung admirably by Mr. W. S. Kidd.

The Minuet, Trio, and Finale from Haydn's second symphony next claimed attention, and were very daintily rendered.

Then followed quite one of the treats of the evening, in the form of two 'cello solos, by Mr. Emil Krall. The first was Dvorâk's "Waldesruhe," a slow and peaceful "monologue," faintly reminiscent of Wagner's interpretation of Hans Sachs' thoughts, though bearing, perhaps, more on physical rest and peace, without the spiritual meditation of the "Dresden Amen" theme.

A great contrast was a Gavotte by Popper, skilfully played to a light and dancing piano accompaniment.

Next came Mozart's charming Cavatina from "Don Giovanni," the main work of which rests with the 'cello, a pizzicato accompaniment being rendered by the violins.

The Waltz from a Suite by Volkmann, which followed, rather lacked spirit. The theme is severe for a waltz, and almost requires brutality to lash it from a stern but passionless mood into enthusiasm. Such brutality was not forthcoming, and the music, which was correct to a detail, was unimpressive.

The Intermezzo and Barcarolle from Offenbach's "Tales of Hofman," which was next on the programme, was exceedingly well rendered, and was received with loud applause. This concluded the first half of the programme. Dr. Eason and his orchestra thoroughly understand one another, and gave a most creditable performance throughout. The conductor's interpretations, and of Haydn's music especially, were most interesting, and betoken an uncommon insight into the thoughts of the masters.

The second part opened with two part songs, "Softly Fall the Shades" (Hallan), and "You Stole my Love," (Macfarren). Both of these were well sung. The second is difficult to understand, one's first impression of what seems almost jocular turning to a sense of anger at a great wrong as the song proceeds.

Nurse Ward next sang E. Newton's "Irish Slumber Song," in a sweet and gentle voice.

The next item was a part song, "Hymn to Music," by Dudley Buck, containing a splendid fugal portion "now rushing and roaring, in tempest arising, like thunder it rolls," which afforded the choir just the opportunity to prove its power of combination.

A song of Paul Rodney's, "Time and Tide," was next given by Nurse Kenney, who has command of a strong contralto voice, and received her due reward of applause.

Mr. F. A. Barker followed with two songs of a lighter character, "Philosophy" and "The Chameleon's Hump."

A chorus, entitled "Vagabonds," next claimed attention. It carries an excellent refrain, which is repeated, and greatly pleased the audience.

Nurse S. Lewis sang "She Wandered Down the Mountain Side" (Frederick Clay), in a clear and strong soprano, and carried the house by storm; as an encore she gave a song which, for want of its real name, we will call "The Stile." Her voice, which seems to show marks of a careful training, delighted everyone, and, apart from a perhaps rather exaggerated broadening of the first letter of the alphabet, her articulation is most elegant.

At this point Mr. Henry Taylor cast a gloom over the assembly by announcing that time would only allow of one more item being performed, four having to be sacrificed.

The remaining number was a part song entitled, "We Love our Island Story." It has a chorus with what is commonly called a "swing," and made a splendid finale.

Mr. Henry Taylor conducted this part of the programme excellently, Mr. Talfourd Jones accompanied on the piano, and Mr. Leigh on the organ.

The concert concluded with a verse of the National Anthem by the choir and audience.

Notice.

THE LEES & RAPER MEMORIAL LECTURE, 1908.

The Eighth Lees and Raper Memorial Lecture will be delivered in the Town Hall, Oxford, by Mr. William McAdam Eccles, M.S., F.R.C.S., on Tuesday, February 4th, 1908, at 8 p.m. The subject chosen is "The Relation of Alcohol to Physical Deterioration and National Efficiency." The chair will be taken by the Regius Professor of Medicine in the University of Oxford—Professor William Osler, F.R.S., M.D., LL.D., D.Sc. The subject is one to which Mr. Eccles has devoted much attention. He gave evidence in reference to Physical Deterioration before the Inter-Departmental Committee. Underlying the question are data of grave national importance. The Lecture will be illustrated by the lantern, and should be of considerable value, both from its nature and from its deliverance under the auspices of our oldest University. Considerable interest in the Lecture is being taken in the University itself, and many of the leading men in the Colleges are lending their aid to promote its success. It is hoped that railway facilities may be granted and that many may care to attend even from a distance.

Further information and invitation cards can be obtained from the Hon. Secretary to the Trustees, Mr. John Kempster, Broad Sanctuary Chambers, 20, Tothill Street, Westminster, S.W.

The Monthly Sensationalist.

The sins which are recounted in the pages of monthly magazines are of such infinite variety that one might almost imagine the enumeration to be complete. This, however, is not the case, for there is one sin of the Decalogue which is always left severely alone. No matter to what depths of abyssmal iniquity the villains in the monthly magazine stories descend, they always keep their virtue intact, and there is never the faintest soupçon upon their moral reputations.

Many are married, for matrimony, it would seem, clothes them with a kind of chaste respectability and is a guarantee of their fitness to be introduced to the public and to have their thousand and one villainies recounted. Mr. William Le Queux is the only author of short stories I can call to mind who has had the temerity to give us a feminine villain who was a *femme tarée* and for this reason I take off my hat to him. Ladies and gentlemen who stop at nothing, from passing bad half-crowns to murdering crowned heads, have no business with any susceptibilities at all. For such persons to worship at the shrine of Vesta is almost an incentive to respectable members of society to turn their backs upon the goddess.

It is the school of ultra-sensationalists whom I strongly suspect to have spoilt the sale of the Newgate Calendar.

This is rather to be regretted, for the Newgate Calendar's central figure was Nemesis. But in monthly magazine stories Nemesis does not always make her appearance, and when she does it is often in a semi-apologetic, hope-I'm-not-intruding way; and the splendid sinner who has overthrown empires and sent to the shades some of the leading diplomats of the day, may get sentenced at last as a first-class misdemeanant, or at most take an overdose of chloral.

I wonder how Dr. Goldsmith would have fared supposing he had lived in the present age of grace, and had submitted the "Vicar of Wakefield" for the perusal of the editor of the Monthly Sensationalist. One can imagine the editor of the M.S. scanning the sheets, and upon reaching the incident of the elopement throwing them down without reading further, with such a remark as, "No, Mr. O. Goldsmith. Not to-day, thank you; and another time you might have the goodness to mention in your covering letter if your *motif* is a seduction, as this is a line of goods we don't take on." (Pretty wit.) And would Nathaniel Hawthorne, with his "Scarlet Letter," George Eliot with "Adam Bede," or Charles Dickens with "David Copperfield," have done any better? I do not think so, unless the M. S. editor were short of "serials," and decided to accept "David Copperfield" on condition that the Steerforth and Little Em'ly incident were cut out, and a strong murder-cum-detective-investigation element worked in. "Adam Bede" and the "Scarlet Letter" would have left a nasty taste in the mouth—whatever that may mean—and been returned as hopeless for adaptation to the needs of a respectable family journal.

Supposing the editor of the Monthly Sensationalist to have enough stories of the sensational order, and an article or two on the coiner's art or the methods of the scientific housebreaker, he will cast about for something in lighter vein. In his sensationalism he is morbid; in describing the pursuits of the coiner and housebreaker he becomes positively dangerous; in his portrayal of the tender passion he waxes maudlin and fatuous. He is past praying for, and kicking him, in the present state of the law, is out of the question. The only thing left is not to buy his publication and starve him into surrender. Let us turn the leaves of the Monthly Sensationalist and find a love story. Here is an example:—"Lord Marmaduke's Wooing, or Noblesse n'oblige." By the author of "From Milliner to Marchioness." Lord Marmaduke, we can gather inferentially, is a worthless character, who falls in love with and marries a nursery governess. Of course Lord Marmaduke is not described as a worthless character, but marrying as he does the nursery governess, is held up, *ipso facto*, as a most estimable gentleman, whose footprints might well be trodden in by other members of the aristocracy. What the eligible young women of his own set might remark among themselves at this mésalliance, and what his heart-broken mother thinks, and his infuriated father says, are not mentioned. Had the writer substituted a musical comedy actress or a music-hall artiste for the nursery governess, there might have been some excuse for the story as having historical parallels. (Scions of noble houses who marry "serio-comics" do make history of a sort.) But this is a consideration which would not weigh with the editor of the M. S., who in the matter of possibilities and probabilities is a law unto himself. "Worms may turn, but my readers never," is possibly his unwritten motto, or something equally uncomplimentary to his readers' intelligence.

If Lord Marmaduke had been caught by the nursery governess's brother making amorous overtures to his sister, and the brother had forthwith hied to the shop of a saddler, purchased a stout hunting-crop, requisitioned the services of a friend, and then laid the crop about his lordship's noble shoulders until he shrieked for mercy, terminating the proceedings by sousing him in a horse-pond to cool his ardour, there would have been rhyme and reason in the story. In fact, this would not make a bad tale, as it might put nursery governesses and others on their mettle when they receive attentions from amorous noblemen, and even infuse in them a desire to scout fraternal aid and do the horsewhipping and sousing themselves.

But it would be futile to submit a story of this kind to the Monthly Sensationalist without an explanation of the *motif*, which, of course, would be impossible. "Lord Marmaduke's Wooing," on these lines, would not meet with the approval of the M. S. readers, who would call the brother and his friend a couple of barbarians, denounce the tale as absolutely pointless, and rush off to their newsagents and cancel their orders.

So the readers, like the worms, would turn, after all, and the editor of the Monthly Sensationalist would file his petition in bankruptcy.

But the editor is a crafty old fox, and will do nothing of the sort. In fact, things at the M. S. offices are all *couleur de rose*, and the circulation is going up by leaps and bounds. "*Lord Marmaduke's Wooing*" (new version) is never likely to make its appearance in the Monthly Sensationalist, for the editor has the loaves and fishes at heart, so to speak, and knows upon which side his loaves are buttered. Perhaps in this he is not unlike the rest of us.

The Monthly Sensationalist is purely an enterprise, carried on for the purposes of gain, just like, say, a cat and dog's meat business, and it is not for one to assert, whatever one may think, that the editor of the M. S. would be better employed administering to the wants of our dumb friends.

R. CLEGG ATKINSON.

Correspondence.

To the Editor of Guy's Hospital Gazette.

"Rheumatic Pneumonia."

Sir,—The two instances of consolidation of the lung described as "rheumatic pneumonia" in the Gazette of December 14th, might possibly be equally well designated examples of pneumonia associated with cardiac disease.

In death from pericarditis, adherent pericardium or chronic valvular disease (especially in children), consolidation of the whole of the lower lobe of one or of both lungs may not very uncommonly be seen. To the naked eye this consolidation may be indistinguishable from the hepatization of acute lobar pneumonia, and coverslip preparations may show diplococci identical in appearance with pneumococci, but possibly mixed with other micro-organisms. It may be remarked, however, that upon the presence of diplococci resembling pneumococci I lay no stress. Similar cocci, as is well known, are seen in broncho pneumonia, but it seems to me unreasonable to believe that lobar and broncho-pneumonia, which both occur in children, yet present such markedly different clinical pictures, can owe their existence to the same micro-organism. Just as in broncho-pneumonia, clinical evidence does not support the view that diplococci found in the lungs after death are pneumococci, so also where consolidation of the lungs occurs as a complication of cardiac disease the symptoms do not suggest a disease of the nature of acute lobar pneumonia, in spite of the fact that diplococci may be found later in the consolidated lung. The human body, it is needless to remark, is the most important of all culture media, and, should the evidence afforded by laboratory media clash with the evidence afforded by the human medium, occasions must be rare in which we must give the evidence presented by the laboratory the first place.

Although, however, we may be disposed to doubt that consolidation of the lung occurring in cardiac disease is closely allied in origin to acute lobar pneumonia, we may also hesitate to attribute it to rheumatism. There is one fact of morbid anatomy which would seem to favour the view that some non-rheumatic infection is responsible for the disease of the lung. This fact is that occasionally in the centre of the consolidation an infarct may be found. Here we must suppose that the hæmorrhagic effusion into the lung has provided a culture medium for micro-organisms which have set up widespread inflammation around the hæmorrhagic patch.

In closing, it may not be out of place to add a word about a more common complication of cardiac disease—pleural effusion. One sometimes hears learned discussions as to the reason for the presence of pleural effusion only on one side, or as to why it should occur—an observation very doubtfully true, it may be remarked in passing—more often on one side than on the other. The existence of the effusion more often on one side than on the other may be a point some reader of the Gazette may consider it worth while to prove or disprove, but the explanation of the frequent limitation of the effusion to one side is simple, and admits of no doubt. The effusion almost invariably follows an infarct. A hæmorrhagic infarct is formed in one lung; through the infarct micro-organisms invade the pleura and set up pleurisy; following the pleurisy fluid is rapidly poured out, which may be so great in amount that only the portion of lung rendered solid by the infarct is able to withstand complete compression.—I am, Sir, yours truly,

THEODORE FISHER.

The Clubs' Union Blue Book.

Sir,—I desire to bring to your notice a scheme which has already received the approval of the Clubs' Union Council, and the object of which is to make the Blue Book of the Union of greater interest to the large number of life members on the roll.

I have before me a Year Book which is issued annually by the Alleyn Club, a club composed of Old Boys of Dulwich College, and I propose to enlarge the Blue Book on the lines of the above-mentioned "annual" so as to make it of interest, especially to old Guy's men.

The printers, Messrs. Ash & Co., have informed me that they can add an additional sixteen pages to the book without increasing the cost of postage. These sixteen pages I hope to fill in the following way:—Notices of Births, Deaths, and Marriages, Naval, Military, and Civil appointments, University and other distinctions; in short, any notes of the doings of Guy's men during the year previous to the publication of the book. I shall also hope to insert "occasional notes" about the hospital and hospital life in general; possibly, in the next issue, with the approval of the Treasurer, some account of the new Out-patient Department. If the scheme is to be a success, this appeal must be world-wide, and through your columns, Sir, I appeal to Guy's men all the world

over to send me a card to say what they have done during the past year which may be of interest to Guy's folk. I shall be glad if they will send their notices to the Hon. Secretary of the Union *not later* than the first week in *June* of each year for publication. A slip will be added to every future number of the "Year Book" to facilitate the transmission to me of information.

I shall be greatly obliged if you will give this scheme your invaluable support, and remind your readers at intervals during the coming year of the sort of material I require to make this "Year Book" a success.—Yours very truly,

HAROLD C. MANN,
Hon. Sec. to the Union.

Papers for the Newly Qualified.

XV.—Nursing and Nurses.

The question of nursing—engaging a nurse for a serious case—is sure to crop up sooner or later. Where shall I get a nurse? From any good institution, such as a hospital nursing home. Avoid nurses who are doing for themselves, as it is called; for having got one of them, you, and more especially your patients, may not so easily get rid of her. Your patients may find themselves receiving visits from their late nurse for some time after they have recovered.

I had three bachelor patients who lived together in one house. They were often ill and believed in being well nursed, and were also particular that the nurse should be well looked after. But several visits were paid by one of their late nurses, many months after convalescence. On one of these visits she found one of the bachelors ill, but being attended to by another nurse. It was only in this way the visitor discovered that her visits, though most gentlemanly received, were yet not appreciated.

Again, beware of the lying-in nurse who pays periodic visits to your patient, and gives her advice to the mother, so getting in your way. Her you may only accidentally become acquainted with.

Now these nurses are nearly all engaged by the medical practitioner, but when these facts are discovered that particular nurse or nursing institute (or hostel), does not get a second call from the same source.

Of course, the majority of nurses do not conform to these undesirable types, but it is well to know beforehand that you *may* have the misfortune to engage such.

We can all be thankful for the good nurses we have had to work with. Now here is an exception. I remember one night my sufferings reached a climax from a swelling of the lowest portion of my left tonsil, which made it difficult to swallow one's saliva. I felt very ill and helpless. The wife was out of town, and not wanting to make anyone in the house indisposed, through night watching, I sent for a nurse. I was very restless, wanting a sip of cold liquid very frequently, so that I did not let the nurse sit in the armchair by the fire to read and doze. I was scolded and condemned as a very troublesome patient, but the crisis was passed in the first twenty-four hours, and the nurse had it all to herself afterwards.

Solid business under the medical attendant should be the prevailing idea. If this is not so, the practitioner finds it happier to avoid engaging a trained nurse, and he secures some domestic substitute.

A nurse under the discipline of a hospital can be a very different person in the private undertaking of her profession. In a male case of fistula *in ano*, which the late Sir Christopher Heath saw with me and then operated on, I remember on the consultation day, the nurse. I engaged, sailing into the room with a good-sized bunch of male catheters in her hand. It so happened, however, that no catheter was needed throughout the illness.

Now, I must ask the nurses to believe in the goodwill of the practitioner. He strives to make everybody as happy as possible, and delights to be able to put work in the way of both consultant and nurse, which he often can do, but for which he sometimes, by forgetfulness, does not get the thanks that he might reasonably expect.

I met a lady in a train this summer whose dress was noticeable to me as being distinctly neat, but not gaudy. I found she was the head of a nursing home. She said she would no longer, nor would she allow any under her to, wear a uniform out-of-doors, not even the pretty white bonnet strings, because the uniform was worn indiscriminately by anyone. I sympathised with her, because I have long thought that the larger the veil, and the more showy the dress, the less the value of the wearer thereof. Some nurses wisely carry no veil on their bonnets, and so avoid such a source of septicity.

For the nurse who does her work in a business-like cheerful way with unpretentious solidarity, we have a great admiration, and deem their craft could be placed in no better trust than in the gentle sympathising hands of a true and noble woman.

My experience of male nurses, hired from constantly advertised institutions, has been, I am sorry to say, quite unsatisfactory.

The samples I have had did not seem to have any nursing elements in them. Sleeping, eating, and drinking seemed to be their most manifest accomplishments.

An elderly married man, whom I had found to be trustworthy from my own experience, who was out of work through the failure of his employers, I have found very useful as a nursing attendant.

XVI.—On Consultants and Consulting.

The paper on "The Art of Consulting," in the Gazette of November 16th, is true to life, but seems to be written from the consultant's standpoint.

There is a great difference among consultants—some are charming, and others not so. There are some to whom, in early days, one gave a good deal of work; but now, as you perhaps get older and give them less, they know you in a very cold way.

Some consultants I have never met, but when patients have gone to them they have evidently enquired as to who their doctor was, and, in consequence, have written me most careful letters of the cases. One need hardly say that such men rise in one's esteem, both as gentlemen and doctors. But other Harley Street men have seen the patients, to whom I had called them in, some weeks after the consultation, and I have not had a line from them, but only heard incidentally about the matter from the patient.

Only the last month of the year 1907, a client of mine asked my advice as to the choice of London consultants. Out of the many I know, I chose two—one on the Guy's staff, the other on the staff of the hospital to which my son is attached. To each of these gentlemen my name was given as the reason why their particular advice was solicited. Each of them got a five guinea fee, but I have had no word from either.

Some consultants, especially the junior ones, make a great fuss at the sight of the nurse during the consultation and hand-washing, which they do not do on their hospital rounds, and which is distinctly embarrassing in the presence of a third person.

There are consultants, and very busy men, who make a point of giving the practitioner, when alone with him, some of their valuable experience in a gracious envelope, which makes the remembrance of the consultation quite sweet, and to these we would render our grateful thanks—since the practitioner is always glad of the opportunity of learning fresh facts and conclusions.

While the old style of consultant, who, in a brusque and exceedingly open way, expressed his opinions, after he had catechised the practitioner before the patient, is well dying out, we do not want to go to the extreme of almost dumbness, or saying as few words as possible about the case, leaving the doctor in charge very little wiser than he was before the consultation, though the friends may be satisfied because they have had a second opinion.

"AFTER THIRTY YEARS."

Sport.

Rugby Football.

GUY'S v. RICHMOND.

This match was played on the Richmond Athletic Ground on Saturday, December 14th. We were no quite at full strength, as Crook and Mullins were chose to play for London at Taunton. Stringer again reappeared in the three-quarter line, after an absence of three weeks. Guy's lost the toss and kicked off against a very strong wind. Playing against the wind we did well in preventing Richmond from scoring, and had the passing in the back division been good we should have scored on several occasions. Play in the first half was of a very poor standard, both teams playing below their form. Towards the close Hearson made a fine attempt to drop a goal, the ball just missing the upright.

On changing ends we at once attacked, but could not score, our "backs" missing several good opportunities. Towards the end, McEvedy picked the ball up from some loose play and dashed over, but Saunders could not improve. Shortly afterwards, from the best passing bout in the match, McEvedy again scored; no goal resulted. Richmond rallied towards the close, and were awarded a penalty close to our goal line, from which Hearson dropped a goal.

Remarks.—The forwards all worked hard, and did well to keep their opponents out in the first half. The outsides were poor, their passing being erratic, but the high wind blowing down the field may have accounted for it. Duke at back was safe, but did not gain much ground with his kicks.

GUY'S v. ROSSLYN PARK.

This match, the last of the first half of the season, was played at Honor Oak Park on Saturday, December 21st. We were not quite at full strength, Duke and Moberley being absent, their places being filled by McEvedy and Sprague. Owing to the late arrival of members of both teams, a start was not made until 3 o'clock, and consequently the game was finished in semi-darkness. The ground was in good condition, being, perhaps, a little on the sticky side, and a strong wind was blowing from the pavilion end. Jones, winning the

toss, decided to play with the wind, and Rosslyn Park kicked off. From the kick-off, Archer received, but failed to find touch; Hunter returned to touch in the Hospital twenty-five. After some loose play, of which Rosslyn Park had the better, Monaghan opened the game up very well, and Pritchard receiving the ball, gave it to his three-quarters, who handed it all along the line, Lee returning it to "J.P.," who sent Williams in under the posts, Lee easily converting. From the re-start, Jones marked and returned to touch at the half-way line. Loose forward play followed, neither side being able to gain much advantage, the game being continually stopped for "feet up" and "knock-on." Towards the end of the first half, Rosslyn made a determined attack on our line, and Williams saved when a score looked certain. Play for the remaining time in the first half was not of a very high-class order, and we changed ends, leading by 5 points to nil.

Mullins kicked off on resuming, and the forwards immediately started attacking, but were unable to get through their opponents' defence. The forwards were continually getting the ball in the scrums, but the "outsides" could do nothing with it, partly from faulty passing and partly from the tactics of the opposing halves.

From a scrum near the touch-line, Monaghan opened the game up very nicely, and the ball travelling the whole length of the line, ended in Jones scoring near the corner flag, Lee converting with a very fine kick. Guy's, although playing against a very strong wind, kept up a continuous attack, and shortly afterwards Archer scored, from a loose forward rush, far out; Lee made a good, though unsuccessful, attempt to convert the ball, just going wide.

Rosslyn Park tried hard to get over our line in the latter part of the game, and although they had many chances, failed to accept them, but close to the end of the game they had a penalty awarded them, from which Hunter dropped a very fine goal.

The game was not a very good one from a spectator's point of view, the whistle going much too often.

Remarks.—The forwards all played well, and worked hard, Archer, Hind, and Williams being the pick of them. Monaghan at half was good, but Pritchard was very slow. The three-quarters were good at times, but passes were being given and taken badly. Lee and Jones were both very good in defence. McEvedy at back was good, but was inclined to run too much instead of kicking.

Association Football.

GUY'S v. OVERIE PARK.

The first half of the season has passed away, and there remains as a result of the thirteen games played during this time a very evident balance of scoring for our side. Ten games have been won and two lost, one drawn. Of those in which we were unsuccessful, the most important was the game against Overie Park for the Amateur Cup. Misfortune weakened the team, D. H. Birks being away at Cambridge for an exam., whilst on the day of the game, H. R. Bastard being stricken down by "flue," was unable to turn out, yet the team ought to have been sufficient for the purpose.

We started with the wind in our favour, and yet failed to score during the first half, while they, owing to a miskick by one of our backs, scored an easy goal. This weakness in the scoring can only be attributed to the bad passing of the forward line, who miscalculated the strength of the wind, and so kept placing the ball too far ahead.

After half-time there was a revival of play, and some energy was displayed by our side, King making a very brilliant rush up, and after a magnificent centre the ball was put through.

Five minutes afterwards a good centre from the left gave King a difficult opportunity, but he succeeded in adding another goal. The opposing side then pressed steadily, and had the best of the game for most of the time, two goals being scored by them in rapid succession.

No responsive effort from our forwards equalised, and when time was called Overie Park were victorious by 3 goals to 1. Team :—

Guy's.—C. A. Wood (goal); C. H. Mills, W. Johnson (backs); P. Humm, F. W. Denning, A. Zorab (half-backs); H. H. Glover, T. L. Jones, C. J. Witt, R. M. King (three-quarter back).

Appointments.

Civil.

Carr, T. E. A., M.B., B.S., has been appointed Junior House-Surgeon to the Birmingham and Midland Eye Hospital.

Morrison, J. T. J., M.B. Cantab, F.R.C.S. Eng., has been appointed Examiner in Medical Jurisprudence at the University of Glasgow.

Steward, F. J., M.S. Lond., F.R.C.S. Eng., has been appointed Additional Examiner in Surgery for Medical Degrees at the University of Cambridge.

Deaths.

CLARK.—On November 23rd, at Bellevue, Carshalton Road, Sutton, Surrey, Arthur William Clark, M.R.C.S. Eng., L.R.C.P. Lond., formerly of Wisbech, aged 48.

GRAHAM.—On December 5th, at 14, Old Cavendish Street, George Herbert Graham, M.D. Durh., M.R.C.S., L.R.C.P., D.P.H., aged 47.

SPONG.—On December 13th, at Lynsted, Beckenham, William Spong, M.R.C.S. Eng., L.R.C.P. Lond., aged 52.

Eds.—M. E. B. & L. M.